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a very full report of the
and so some time have taken
out 3 or four pages as they stand
H. B. B.*

DURBAN CORPORATION.



MEDICAL OFFICER'S Annual Report

FOR THE

Municipal Year ending 31st July, 1910,



SUMMARY of STATISTICS for the Year 1910.

Population, Municipal Census, 1910	{			Europeans	29,836
	{			Mixed and Others	2,039
	{			Natives	16,489
	{			Indians	16,131

Area of Borough 6,923 acres = 10.8 sq. miles.

Wards	1	2	3	4	5	6	7	Total.
Acres	270	2,100	583	310	1,120	1,630	910	6,923
Pop.	10,331	6,924	8,348	9,275	8,976	12,851	7,790	64,495

Marriages	...	...	...	401.	
Birth Registered		...	...	907.	Birth Rate 28.5
Deaths	....	...	...	210.	Death Rate 6.6
Infantile Mortality		...	...	...	... 45.4
Phthisis Death Rate (all races)		...	...	...	... .85

Average Daily Water Supply to Borough	4½ million gals.
Consumption per head	70 gals.
Capacity of Camperdown Reservoir	600 million gals.
Umlaas	Filtered 130

Length of Frontage to Indian Ocean Beach	4½ miles
Bay	5½ "
Inland Boundary	6¼ "

Public Parks :—	Victoria	30½ acres
	Albert	23 "
	Bulwer	16 "
	Sutton	6½ "
	Berea	11¾ "
	Mitchell	13 "

Ward Synoptical Table.

	Acres.	Population.		Births.	Birth rate.	Deaths.	Death rate.	Notifications.		Infectious Disease Cases.										
										Phthisis.	Enteric.		Dysentery.		Diphtheria.		Scarlet Fever.		Pneumonia.	
		Cases.	Deaths.																	
								Cases.	Deaths.		Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.		Cases.	Deaths.
Ward 1	270	2,147	1,761	95	24.3	59	12.5	54	102	6	3	4	0	6	2	12	1	1	0	5
Ward 2	2,100	2,403	1,940	93	21.4	23	5.3	28	4	5	1	4	0	5	0	6	2	1	0	1
Ward 3	583	3,047	3,070	190	31.0	32	5.2	34	10	4	5	3	0	5	0	16	1	2	0	3
Ward 4	310	1,768	1,353	89	28.5	24	7.7	29	16	5	4	0	0	11	0	0	0	0	0	3
Ward 5	1,120	2,931	3,123	160	26.4	33	5.5	33	2	1	1	3	0	7	0	16	1	2	0	5
Ward 6	1,630	1,455	1,210	76	28.2	14	5.3	41	12	3	3	3	0	15	0	2	0	0	0	0
Ward 7	910	2,774	2,893	151	26.6	25	4.4	33	8	5	1	6	1	5	0	7	1	3	0	2
Totals	6,923	16,525	15,350	854	26.8	210	6.6	252	154	29	18	23	1	54	2	60	6	9	0	19

The ambulance is housed at the Central Fire Station, and horsed and manned by the Fire Brigade. The attendants who go out with the wagon are trained first-aid men.

All accidents are removed gratuitously, and medical cases, other than those of infectious disease, are when desired removed for a small fee.

The value of the wagon to the community is inestimable, and the following figures supplied to me by the Firemaster show the amount of use made of it during the part of the Municipal Year that it had been running:—

CASES REMOVED.

	Accident.	Medical.	Total.
European	59	74	133
Coloured	44	3	47
	—	—	—
Totals	103	77	180

Miles travelled in removing cases ... 783½ miles.

VITAL STATISTICS—POPULATION.

TABLE 1, SHOWING THE RESULTS OF THE SEVERAL CENSUSES TAKEN SINCE 1904. THE 1904 CENSUS WAS TAKEN BY GOVERNMENT, THE OTHERS UNDER THE DIRECTION OF THE CHIEF CONSTABLE OF THE BOROUGH.

	April, 1904.	Nov., 1907.	Feb., 1909.	May, 1910
Europeans	31,302	27,386	27,327	29,836
Coloured and Half Caste ...	1,980	1,442	1,960	2,039
Natives	18,929	16,329	15,900	16,489
Asiatics	15,631	15,815	15,057	16,131
	—	—	—	—
Totals	67,842	60,972	60,244	64,495

The increase of the population of the Borough during the past year is as follows:—

Europeans	2,509
Mixed	79
Natives	589
Indians	1,174
	—
Total	4,351

The European population is thus seen to have been increased by 8.8 per cent., and although the figures as derived from the returns of the Chief Constable will be utilised for statistical purposes throughout the report, I am of opinion that at the time (May) the census was taken there was a considerable influx of visitors so that the resident population is lower than these returns show. For instance, from the Transvaal and Orange Free State the numbers of passengers booked to Durban monthly for the past year were as follows:—

1909					1910						
Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July
1610	1186	1081	1080	1842	1147	1214	1835	1924	2345	3875	3600

From a glance at these numbers it will be apparent that the normal travelling public from these two Colonies alone during the past year is about 1,200 per month, but it will be noticed that during the month of May this figure was in fact almost doubled. Any future Census ordered to be taken by the Town Council should be enumerated either in the month of February or October.

NATURAL INCREASE OF POPULATION OF DURBAN, 1909-10.

Births	854
Deaths	210

644—Natural increase of Births over Deaths.

TABLE 2, SHOWING THE POPULATIONS ACCORDING TO
WARD DISTRIBUTIONS OF THE DIFFERENT RACES.

Ward.	Acreage.	Europeans.		Mixed and others Coloured.		Asiatics.		Natives.		TOTALS.	
		M	F	M	F	M	F	M	F	M	F
1	270	2067	1710	80	51	1446	584	4320	73	7913	2418
2	2100	2300	1833	103	107	485	289	1738	69	4626	2298
3	583	2960	2938	87	132	208	69	1873	81	5128	3220
4	310	1311	863	457	490	2856	1321	1833	144	6457	2818
5	1120	2831	3007	100	116	542	308	1920	152	5393	3583
6	1630	1355	1126	100	84	4490	2914	2588	194	8533	4318
7	910	2711	2824	63	69	386	233	1402	102	4562	3228
	6923	15,535	14,301	990	1,049	10,413	5,718	15,674	815	42,612	21,883
		29,836		2,039		16,131		16,489		64,495	
		31,875									

It will be noticed in the above table relating to Europeans that the numbers of Males and Females fairly closely approximate. At the general Census in 1904 the numbers were:—

Males	19,886
Females	13,396

The “Mixed and others, Coloured,” referred to in these returns consist of Mauritians, St. Helenas, etc., and as they adopt European

habits and customs generally, they are treated for public health purposes as part of the European population. They constitute a considerable part of our population, and might be correctly classified as Eurasian, Eurafrican, or Afrasian. This classification has been recommended by the South African Medical Congress, and if carried out a more uniform recording of Vital Statistics amongst South African Health Departments would be effected.

TABLE OF EUROPEAN POPULATION OF DURBAN (INCLUDING MIXED AND OTHERS) ARRANGED IN 13 AGE PERIODS AND SHOWING SEX DISTRIBUTION. FIGURES DERIVED FROM MUNICIPAL CENSUS, MAY 19, 1910.

AGE PERIODS.					MALES,	FEMALES.	TOTALS.
0—1 years	...	...	...	...	424	413	837
1—5 "	...	...	...	...	1634	1547	3181
5—10 "	...	...	...	...	1630	1730	3360
10—15 "	...	...	...	...	1349	1413	2762
15—20 "	...	...	...	...	1291	1349	2640
20—25 "	...	...	...	...	1207	1414	2621
25—35 "	...	...	...	...	3480	3033	6513
35—45 "	...	...	...	...	3039	2238	5277
45—55 "	...	...	...	...	1451	1227	2678
55—65 "	...	...	...	...	692	600	1292
65—75 "	...	...	...	...	258	288	546
75—85 "	...	...	...	...	59	86	145
85 and over	...	...	...	...	11	12	23
Totals	...	...	...	...	16,525	15,350	31,875

By carrying out calculations on an extended table it is found that the *mean age* of the *European* population living in Durban is equal to 23.4 years.



CHART 1.

Chart showing population at different age periods, both sexes:—

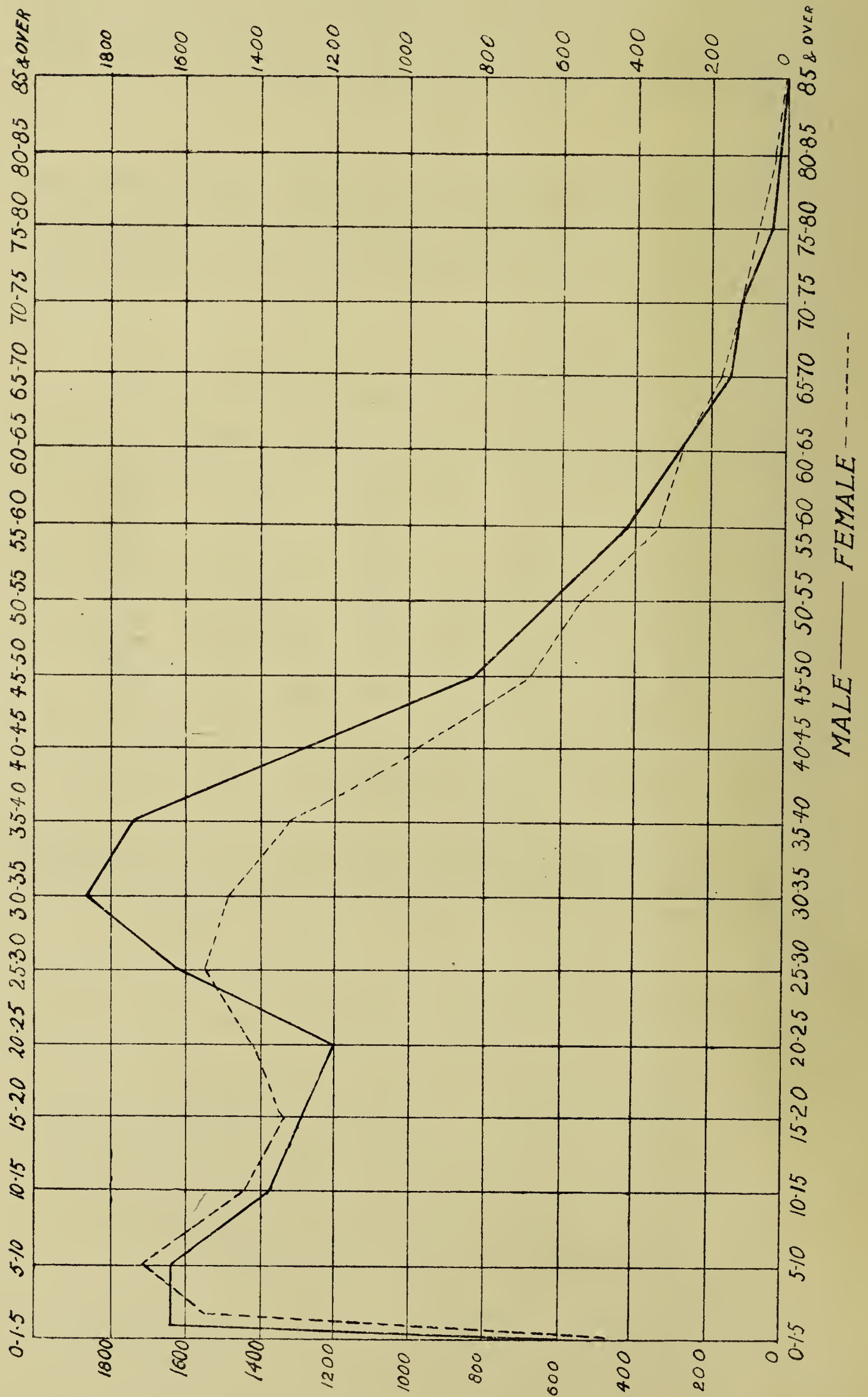


CHART 2.

Chart showing *total* European population at different age periods:—

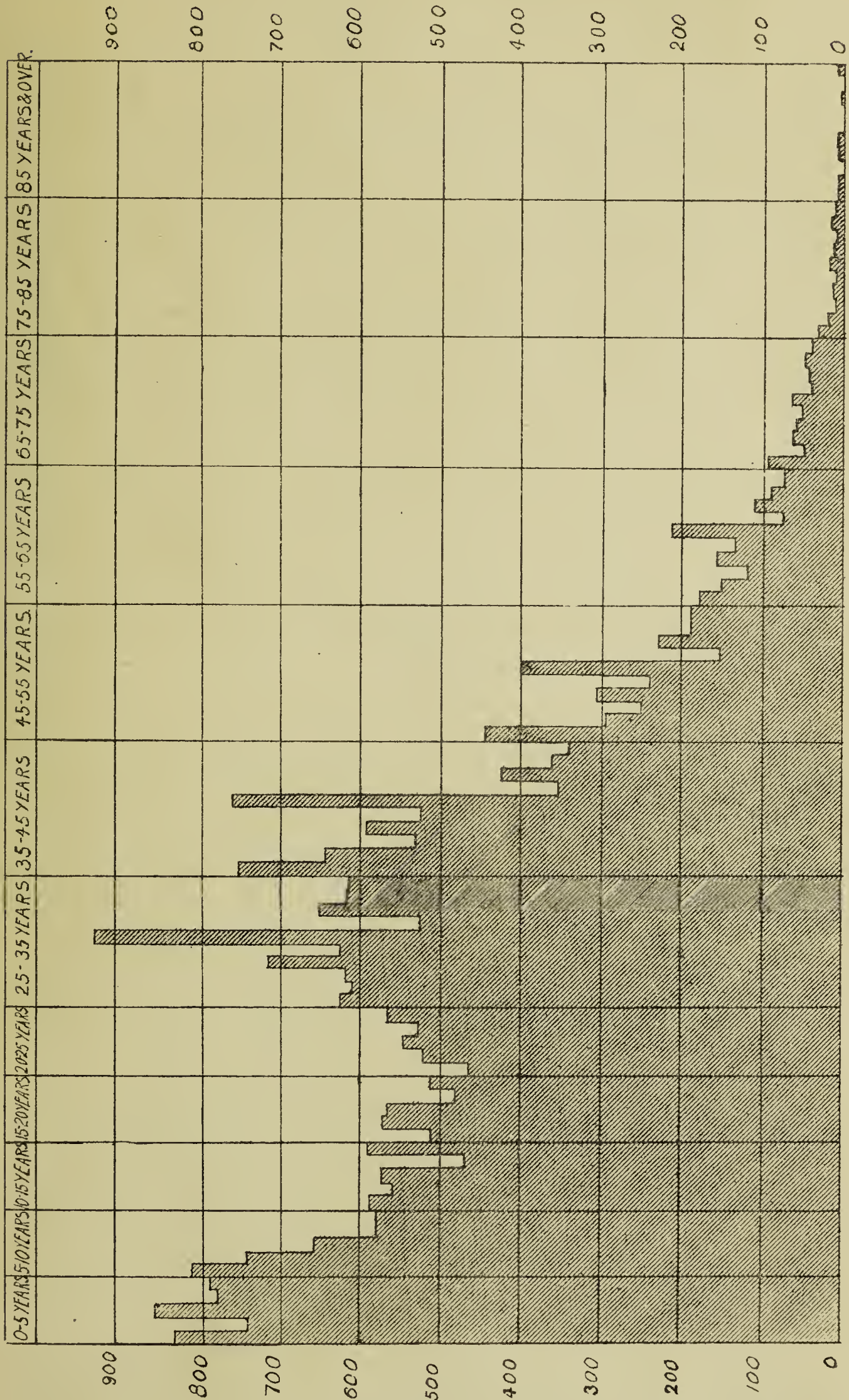
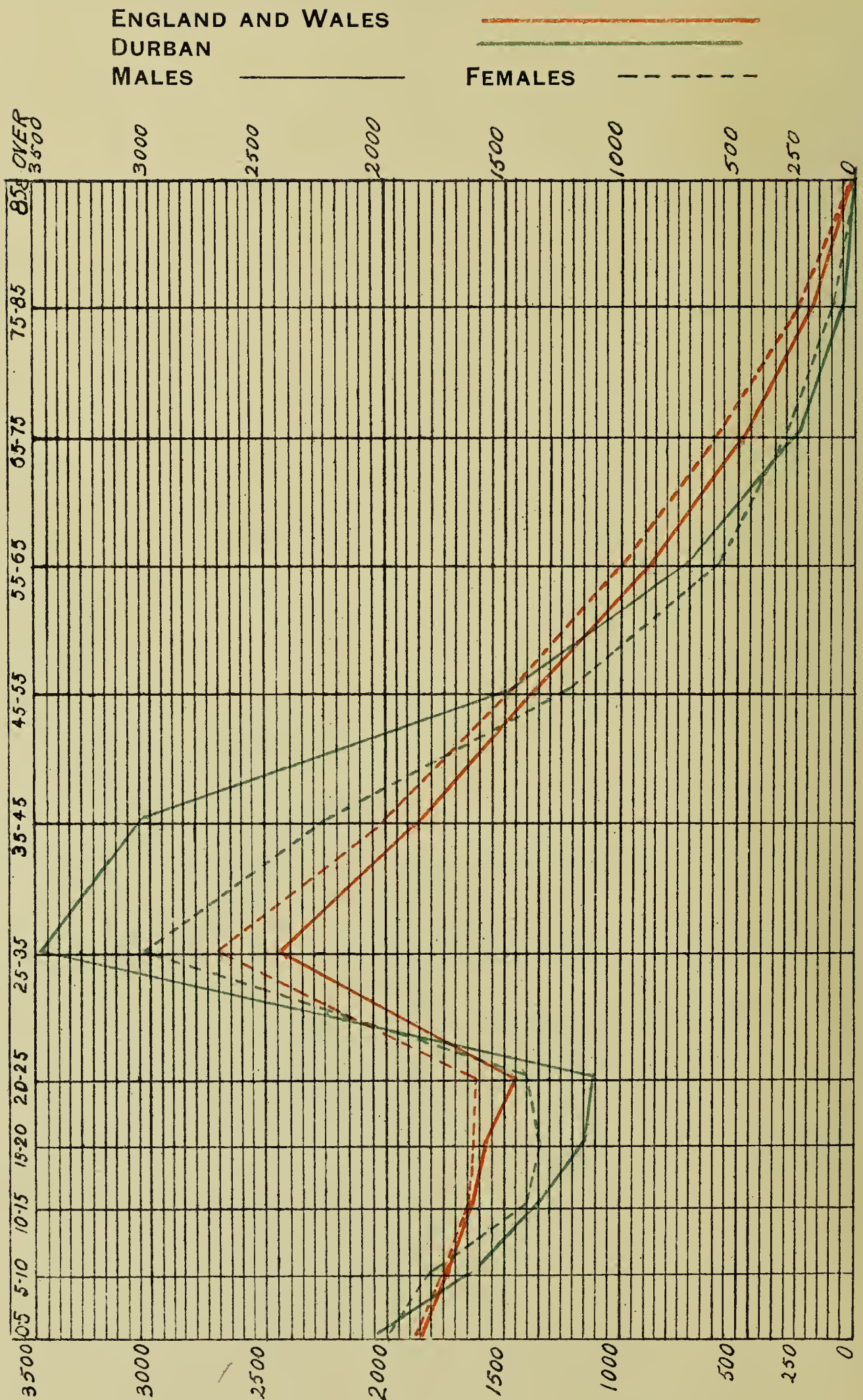


CHART 3.



The above chart shows how very materially the age and sex composition of the Borough of Durban (1910) differs from the population of England and Wales (1901-05).

BIRTHS.

1. TABLE OF BIRTHS SHOWING MONTHLY DISTRIBUTION FOR RACE AND SEX, 1909-10.

MONTHS.	MALES.			FEMALES.			TOTALS.		
	Europeans	Asiatics	Natives	Europeans	Asiatics	Natives	Europeans	Asiatics	Natives
August ...	37	25	2	41	26	0	78	51	2
September ...	39	24	2	37	25	0	76	49	2
October ...	47	26	1	29	33	1	76	59	2
November ...	39	23	0	38	25	1	77	48	1
December ...	34	22	2	23	16	0	57	38	2
January ...	52	22	1	33	17	0	85	39	1
February ...	40	14	1	20	24	1	60	38	2
March ...	28	24	2	42	9	0	70	33	2
April ...	50	19	3	33	25	1	83	44	4
May ...	49	13	0	43	14	0	92	27	0
June ...	34	33	0	49	28	0	83	61	0
July ...	37	20	0	33	28	0	70	48	0
Totals ...	486	265	14	421	270	4	907	535	18

The above table represents the total number of births occurring in Durban and registered with the Registrars of Births. Included amongst these figures, however, relating to the European population we find that 53 births had occurred amongst visitors to Durban, and as we are careful to exclude from our Death Returns all who are non-residents in the Borough, we ought similarly to exclude from the Birth Returns those that do not properly belong to the Borough. When this is done we find the following Birth Rates for Durban:—

European Birth Rate (gross) ...	28.5 per 1,000.
European Birth Rate (corrected) ...	26.8 per 1,000.
Indian Birth Rate ...	33.2 per 1,000.

The small number of births taking place amongst Natives in Durban prohibits the stating of any birth rate for that population. As the number of female Natives of all ages in the Borough at the recent Census was 832, a birth rate of 21.6 per 1,000 of the *female population* might in the meantime be stated in order to allow comparisons being made in future years.

From the Annual Report of the Health Officer in Natal to the Department of Native Affairs, the Native birth rate in Natal for 1909 is equal to 38.37 per 1,000 of population. Some of the districts have a very high birth rate, such as Richmond with 55 per 1,000, and Alfred County with 54 per 1,000. From the same report it can be seen that the birth rate amongst Natives during recent years is on the increase.

2. TABLE SHOWING TOTAL REGISTERED EUROPEAN BIRTHS AND BIRTH RATES FOR THE PAST SEVEN YEARS.

	1904	1905	1906	1907	1908	1909	1910	1910
No. of Births	1116	1171	1089	968	971	919	907	854
Birth Rate... ..	34·9	34·9	33·2	30·7	33·3	31·4	28·5	28 6
								(Corrected)

3. TABLE OF BIRTHS SHOWING THE WARD DISTRIBUTIONS.

	1	2	3	4	5	6	7	Totals
European Population	3908	4343	6117	3121	6054	2665	5667	31,875
European Births (Corrected)	95	93	190	89	160	76	151	854
Birth Rate per 1000	24.3	21.4	31.0	28.5	26.4	28.2	26.6	26.8

4. TABLE SHOWING LEGITIMATE AND ILLEGITIMATE BIRTHS, EXCLUDING IMPORTED BIRTHS, 1909-10.

	Males.	Females.	Total.
Legitimate	438	386	824
Illegitimate	19	11	30
Totals	457	397	854

TABLE OF NON-RESIDENT BIRTHS.

Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April.	May.	June.	July.	Total.
M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F
2 7	2 1	1 1	3 2	2 0	4 1	2 0	1 2	1 1	6 2	1 4	4 3	29 24

The birth rate is usually calculated as so many births per 1,000 of population in a community. It would be a better method to return births in relation to the female population living between 15 and 45 years of age, and more correct still, so far as legitimate births, of the resident married women between those ages. Unfortunately, except at the time of the decennial census, the latter and more correct method is impracticable. From the Census Returns of the Borough obtained by the Chief Constable the total female population between the ages of 15 and 45 is available, and the following figures give the rate of births to such population:—

Female population between 15 and 45 years of age ...	8,226
Number of Births	907
Per centage Birth Rate	11 per cent.

These figures do not include still-births, which are not registered either as births or deaths. A medical certificate is necessary for burial purposes, and during the past year 13 still-births have been interred in the various cemeteries in the Borough. This number undoubtedly does not represent all the still-births that have taken place in Durban during the past year.

The following table gives some comparative figures taken from the latest Public Health Reports of the principal South African towns:—

	European Population.	Number of Births.	Birth Rate.
Capetown ...	33,950 (Estimate) ...	791 (1908-09) ...	23.29
Johannesburg ...	95,126 (Census 1908) ...	3500 ...	36.80
Bloemfontein ...	12,000 (Estimate) ...	452 (1908) ...	37.66
Pretoria ...	21,000 (Estimate) ...	691 ...	32.9
Durban ...	31,875 (Census 1910) ...	907 ...	28.5

The Registration of Births, even those of Europeans, as carried out in Durban, cannot be regarded as accurate. It may be mentioned that during the past year there have been registered in Durban births that occurred in the years 1890, 1896, 1899, and 1906. The Law allows considerable laxity as regards length of time in which registration of births can be effected, and for which there seems little valid reason. For example—parents, or anyone acting on their behalf, may register till 30 days from birth.

From 30 days to 6 months, the mother, or the father if he was present at the time of birth, may by making a solemn declaration have the birth registered.

From 6 months to 7 years after birth, registration can only be effected with the consent of the Registrar-General, on a like declaration and after payment of £1 1s.

Beyond 7 years an order by the Governor-in-Council is necessary to authorise registration.

In Great Britain 42 days are allowed as the limit for birth registration. The tendency, however, is to contract this period, and in order to meet the trend of public opinion a Notification of Births Act was passed in 1907, making such notification compulsory within 36 hours. The Act is an adoptive one, but many municipalities have already taken advantage of it, particularly those that are endeavouring to reduce their infantile mortality. Such towns have at the same time provided a Lady Health Visitor. The results obtained from even two years' working of this Act have been distinctly apparent in reducing infantile mortality. In order to deal effectually in reducing still more our infantile mortality the first essential is early information regarding births, and this can only be achieved by an Act compelling the notification of all births within a short period after their occurrence. The Municipality would then promptly carry out such services as the exigencies of each case required.

MARRIAGES.

During the past Municipal Year 401 European marriages were contracted in Durban. No information is available this year as to whether one or both parties to the contract were residents of Durban, and it can be safely assumed that a considerable part of the above number consists of marriages of non-residents. To state a marriage rate in these circumstances would be misleading.

DEATHS.

1. TABLE SHOWING RACE AND SEX DISTRIBUTION OF DEATHS DURING THE PAST YEAR.

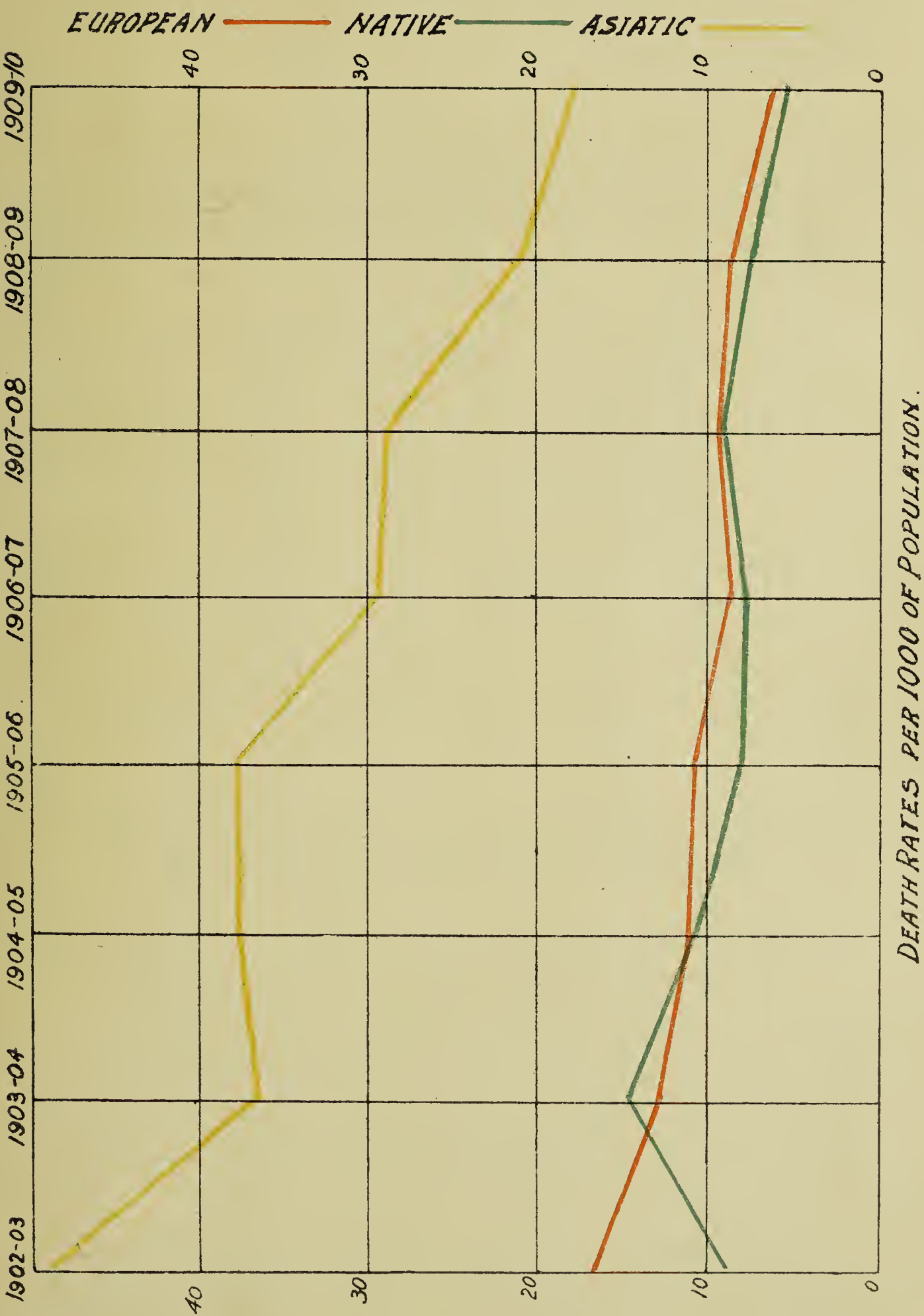
Race.	Male.	Female.	Total.
European	124	86	210
Native	63	25	88
Asiatic	156	118	274
Totals	343	229	572

2. TABLE SHOWING CHIEF STATISTICS OF DEATHS OF ALL RACES IN THE BOROUGH DURING THE PAST FIVE YEARS.

Race.	1905-06	1906-07	1907-08	1908-09	1909-10
European ...	357	284	280	254	210
Native ...	167	198	154	120	88
Asiatic ...	622	475	459	316	274
Totals ...	1,146	957	893	690	572
European rate per 1,000 ...	10.9	9.0	9.7	8.7	6.6
Native do.	8.5	8.5	9.8	7.5	5.3
Asiatic do.	37.9	29.7	29.0	21.0	17.0

CHART 4.

Chart showing Death Rates of the different Races during the past eight years:—



3. TABLE FOR COMPARISON SHOWING RECORDED DEATH RATES PER 1,000 IN ENGLAND AND WALES IN 1909.

England and Wales	14.5	per 1,000 of pop.
England and Wales, less the 219 towns ...	13.6	„
76 Large Towns	15.6	„
143 Smaller Towns	14.5	„

4. TABLE OF DEATHS SHOWING MONTHLY AND SEX DISTRIBUTION AMONGST RESIDENT EUROPEANS, 1909-10.

Months.				Males.	Females.	Total.
1909	{	August	... ..	9	12	21
		September	... ..	10	5	15
		October	... ..	8	6	14
		November	... ..	15	10	25
		December	... ..	10	5	15
1910	{	January	... ..	10	3	13
		February	... ..	8	2	10
		March	... ..	5	12	17
		April	... ..	9	6	15
		May	... ..	17	5	22
		June	... ..	8	6	14
		July	... ..	15	16	29
Totals				124	86	210

5. TABLE OF NON-RESIDENT EUROPEAN DEATHS IN DURBAN NOT INCLUDED IN TABLE 2.

			Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April	May	June	July	Total
European	...	...	4	4	4	4	6	6	6	3	4	5	13	9	68
Native	...	...	1	1	4	5	5	1	1	3	10	7	3	3	44
Asiatic	...	...	2	...	3	...	3	3	2	5	3	7	8	2	38
Totals	...	...	7	5	11	9	14	10	9	11	17	19	24	14	150

NON-RESIDENT DEATHS.—Of the 68 deaths occurring during the year of persons not domiciled in Durban, 48 died in Hospitals and Nursing Homes, and one death is certified as resulting from operation. Nine deaths occurred from diseases of heart, 10

from Tuberculosis, 6 from Cancer, 4 from Pneumonia, and 4 from Dysentery. The number of European non-resident deaths recorded during the previous year was 49.

Deaths of Durban residents taking place outside Durban are credited to Borough Mortality, and if occurring in an institution such as the Government Asylum, they are debited to Durban, even although absent for several years.

6. TABLE SHOWING SEX POPULATIONS, WITH THE
NUMBER OF DEATHS AND DEATH RATES AT DIFFERENT AGE PERIODS.

Age Periods.	MALES.			FEMALES.		
	Population.	Number of Deaths.	Death Rate.	Population.	Number of Deaths.	Death Rate.
0— 1	424	30	70.8	413	11	26.6
1— 5	1634	5	3.1	1547	14	9.0
5—10	1630	1	.6	1730	1	.6
10—15	1349	5	3.7	1413	1	.7
15—20	1291	2	1.5	1349	1	.7
20—25	1207	6	5.0	1414	—	—
25—35	3480	9	2.6	3033	8	2.6
35—45	3039	26	8.6	2238	13	5.8
45—55	1451	12	8.3	1227	14	11.4
55—65	692	7	10.1	600	7	11.7
65—75	258	15	58.1	288	9	31.2
75—85	59	5	84.7	86	6	69.8
85 & over	11	1	90.9	12	1	83.3
Totals	16525	124		15350	86	

CHART 5.

Chart showing *total number* of Deaths at different age periods, both sexes, 1909-10:—

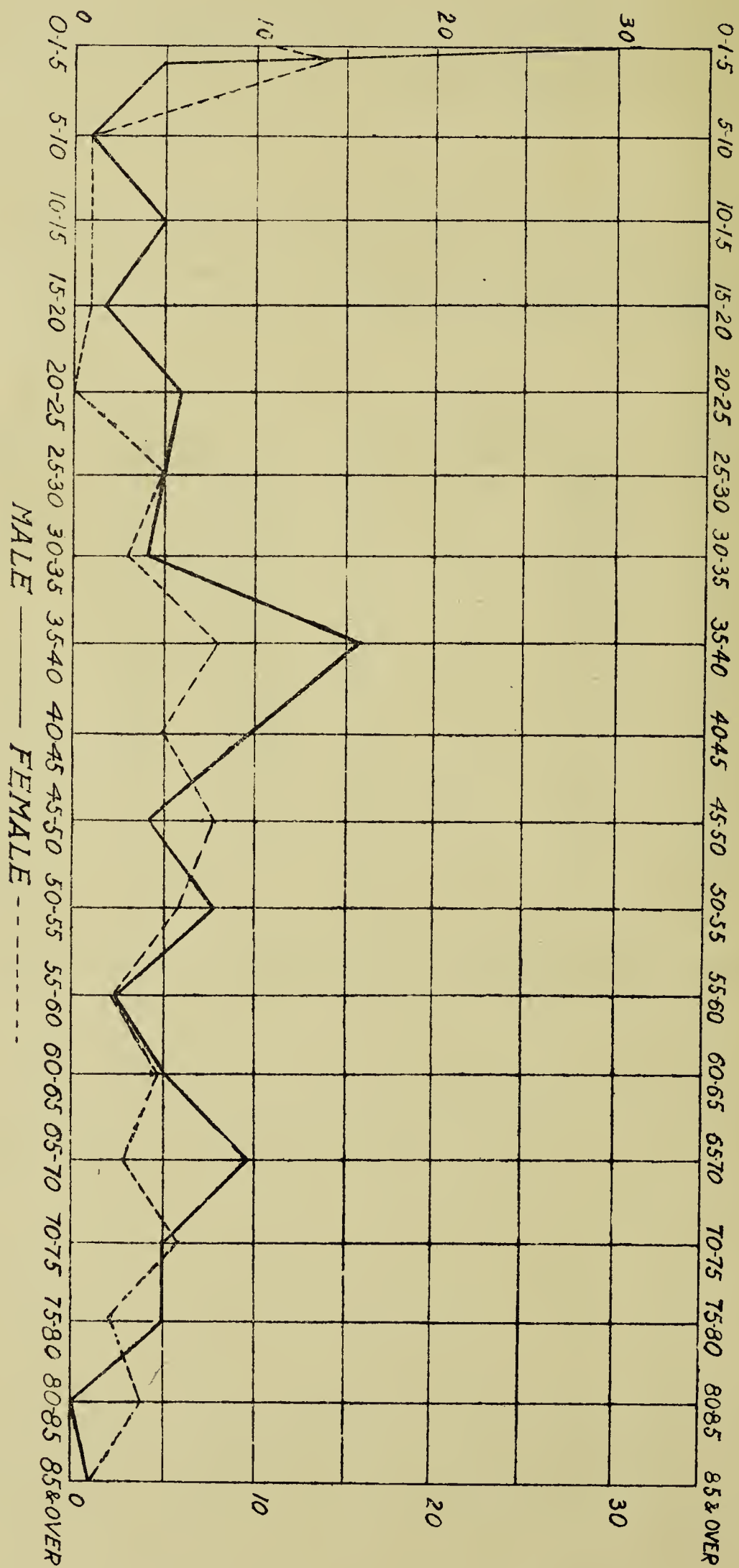
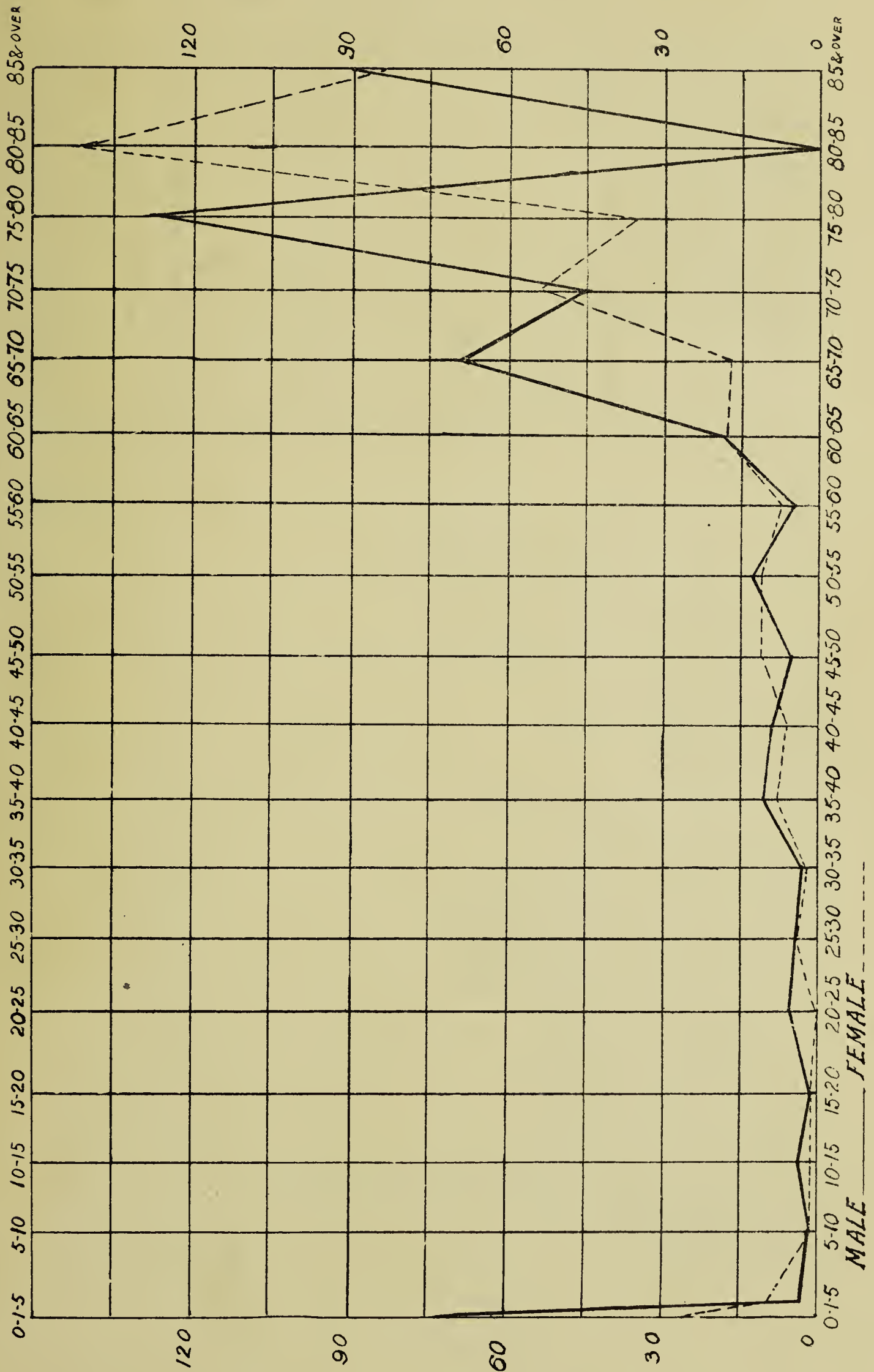


CHART 6.

Chart showing Death Rates per 1,000 of population at different age periods, both sexes:—



7. TABLE OF DEATHS IN INSTITUTIONS OR NURSING
HOMES, Etc.

	EUROPEAN.		NATIVE.		ASIATIC.		TOTAL.	
	M.	F.	M.	F.	M.	F.	M.	F.
Addington Hospital	40	19	29	4	15	4	84	27
Durban Gaol ...	1	...	6	...	1	...	8	...
Point Convict Station	...	...	8	...	...	...	8	...
Sanatorium, Chelmsford Road ...	6	5	...	...	...	...	6	5
Indian Immigration Depot Hospital ...	...	...	...	...	26	14	26	14
N.G.R. Hospital ...	...	...	2	...	10	4	12	4
Private Hospitals, &c.	2	...	...	...	...	...	2	...
Corporation Hospitals	1	...	...	...	...	...	1	...
Totals ...	50	24	45	4	52	22	147	50

CHART 7.

Table of Columns showing the European Monthly Deaths for past four years:—

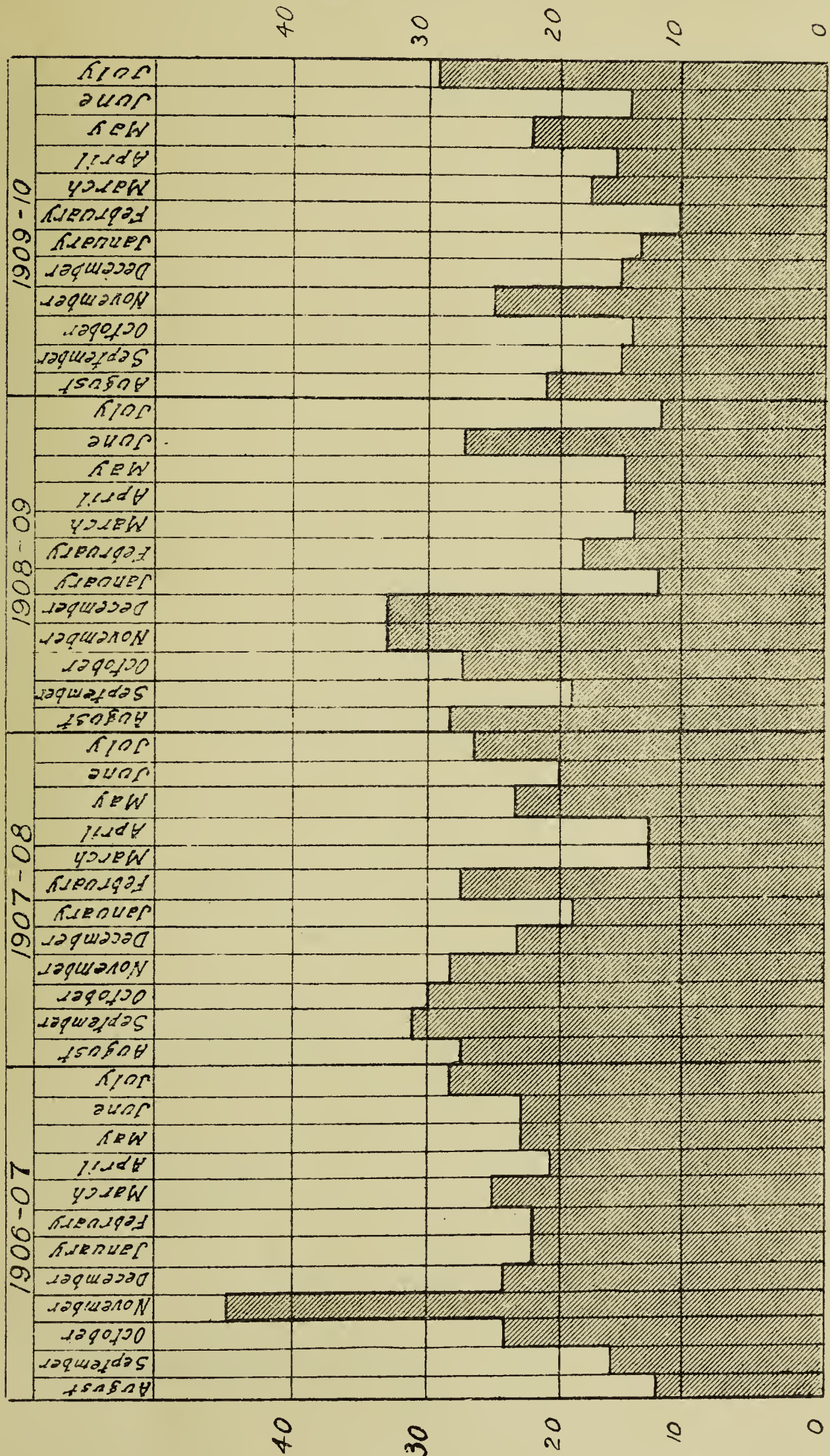
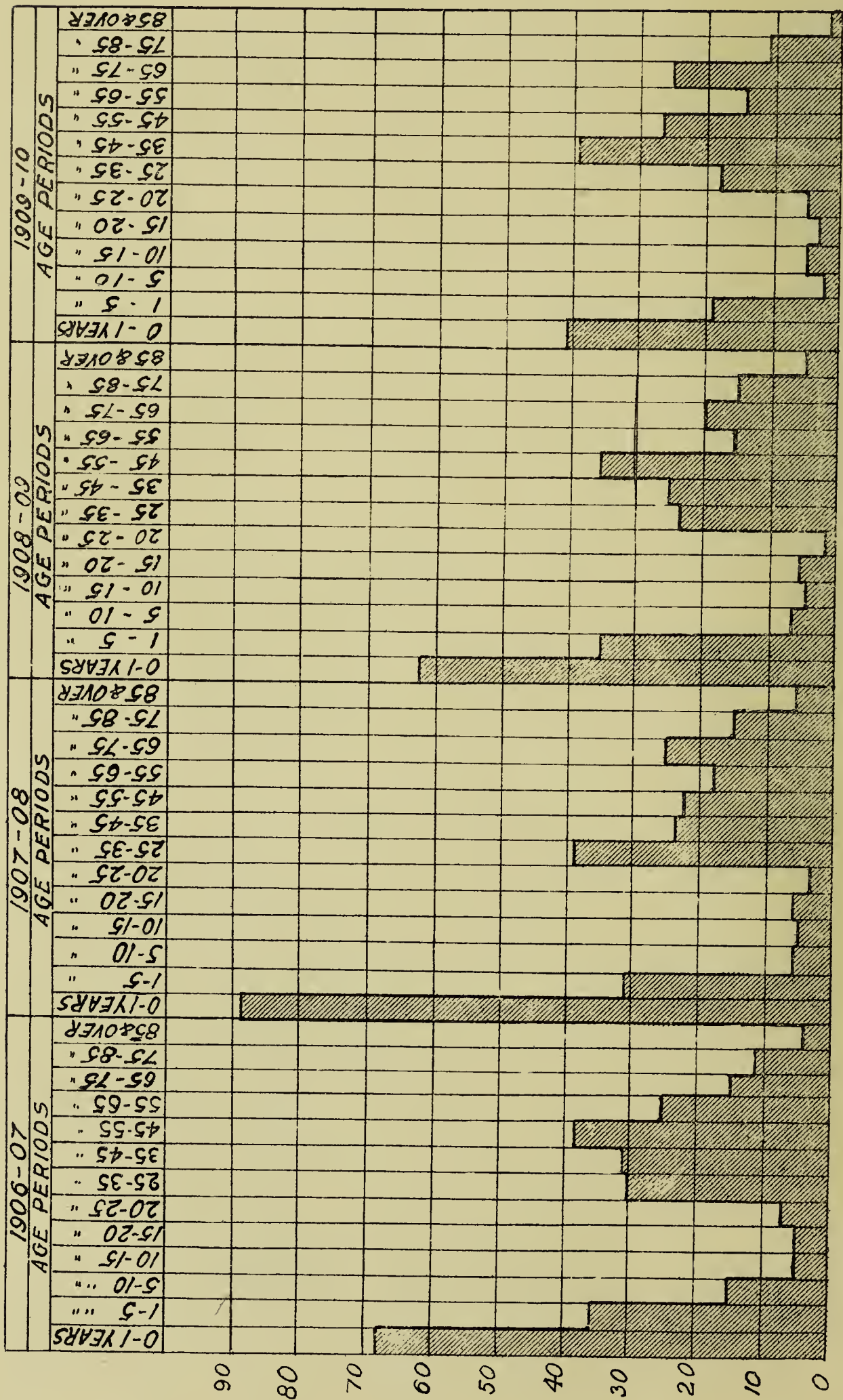


CHART 8.

Table of Columns showing the European Total Deaths occurring at various ages during the past four years:—



CAUSES OF DEATH.

EUROPEANS.—Causes of deaths classified according to the extended schedule issued by the Incorporated Society of Medical Officers of Health:—

	1907-8	1908-9	1909-10
Plague	0	0	0
Smallpox	0	0	0
Measles	1	9	0
Scarlet Fever	0	0	0
Influenza	2	2	2
Whooping Cough	3	6	0
Diphtheria	2	0	6
Enteric Fever... ..	3	3	1
Dysentery	8	4	2
Diarrhoea	1	2	1
Cerebro Spinal Meningitis	1	0	1
Tetanus	0	5	0
Cowpox	1	0	0
Syphilis	2	1	0
Erysipelas	1	0	1
Puerperal Fever	0	0	1
Pyæmia	4	1	1
Malaria	9	0	2
Tubercular Meningitis	0	2	0
Tuberculosis of Larynx	0	2	1
Phthisis Pulmonary	18	14	17
Abdominal Tuberculosis	1	2	1
General Tuberculosis	2	0	0
Scurvy	0	1	0
Alcoholism	2	0	4
Cancer	15	24	10
Diabetes	4	1	0
Anæmia	0	2	1
Lymphadenoma	0	0	1
Premature Birth	13	9	4
Injury at Birth	1	0	0
Debility at Birth	0	1	5
Atelectasis Pulmonum	2	0	0
Congenital Defects	2	0	3
Atrophy, Debility, Marasmus	14	10	1
Dentition	0	1	0
Old Age, Senile Decay	10	8	7
Convulsions	7	2	2
Meningitis	1	2	3
Apoplexy	6	4	6
Hemiplegia	2	3	1
Insanity	1	1	0
Cerebral Tumour	1	1	0
Chickenpox	0	1	0
Hæmophilia	0	1	0
Rheumatic Fever	0	2	3
Rickets	0	1	0
Epilepsy	1	1	2
Paraplegia	2	1	2
Other Forms Brain Disease	2	1	3
Otitis	0	2	0
Pericarditis	1	0	0
Endocarditis	3	8	2
Aneurism	1	3	0
Embolism	2	0	1
Other Diseases of Heart and Blood Vessels	11	12	20
Acute Bronchitis	1	1	1
Chronic Bronchitis	4	6	3
Lobar Pneumonia	0	0	1
Lobular Pneumonia	6	4	3
Pneumonia (form not stated)	11	14	15
Emphysema, Asthma	0	0	1
Pleurisy	0	1	1

CAUSES OF DEATH—(Continued).

EUROPEANS.—Causes of death classified, etc.—(Continued).

	1907-8	1908-9	1909-10
Other Diseases of Respiratory System ...	0	1	0
Gastro intestinal Catarrh ...	17	5	8
Diseases of Stomach ...	0	1	0
Enteritis ...	33	23	16
Appendicitis ...	1	0	2
Obstruction of Intestine ...	1	2	3
Other Diseases of Intestine ...	1	0	1
Cirrhosis of Liver ...	1	2	0
Abscess of Liver ...	7	0	5
Other Diseases of Liver ...	1	3	0
Peritonitis ...	1	1	0
Other Diseases Digestive System ...	0	0	1
Diseases of Lymphatic System and Glands ...	2	0	2
Acute Nephritis ...	1	1	0
Bright's Disease ...	9	10	11
Diseases of Bladder and Prostate ...	1	0	1
Other Diseases of Urinary System ...	2	1	1
Diseases of Ovaries ...	0	0	1
Puerperal Thrombosis ...	0	0	1
Puerperal Convulsions ...	0	2	0
Other Diseases Pregnancy and Child-birth ...	2	1	0
Arthritis, Ostitis, Periostitis ...	0	0	0

ACCIDENTS :—

Vehicular Traffic ...	1	0	1
On Railways ...	2	0	1
By Burns and Scalds ...	1	6	0
Poisons, Poisonous Vapours ...	1	1	0
Surgical Narcosis ...	0	0	1
Drowning ...	1	2	3
Suffocation ...	1	0	1
Falls not Specified ...	2	2	3
Homicide ...	0	2	0

SUICIDES :—

By Poison ...	1	1	0
By Hanging and Strangulation ...	1	0	1
By Drowning ...	1	0	0
By Shooting ...	2	3	2
By Cut or Stab ...	0	1	0
Execution ...	1	0	0
By Crushing ...	0	1	0
Ill-defined and Unspecified Causes ...	0	0	1

Totals	280	254	210
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NATIVE DEATHS.

NATIVES (Population, 1910, 16,489).—During the past year 88 Natives have died in Durban.

	Adults.	Children.	Total.
Males ...	49	14	63
Females ...	6	19	25
Totals ...	55	33	88

“ Child ” means under 12 years.

1. TABLE SHOWING NATIVE POPULATIONS, DEATHS,
AND DEATH RATES SINCE 1ST AUGUST, 1902.

YEAR.	1902-3	1903-4	1904-5	1905-6.	1906-7	1907-8	1908-9	1909-10
Population	19,190	18,929	21,200	19,600	16,500	16,329	15,900	16,489
Deaths	232	274	266	167	198	154	120	88
Death Rate ...	9.4	14.8	10.7	8.5	8.5	9.8	7.5	5.4

2. NATIVE DEATHS ARRANGED ACCORDING TO MONTHS
AND CERTAIN DISEASES.

Diseases.	August	September	October	November	December	January	February	March	April	May	June	July	Totals.
1. Plague	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Small Pox...	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Dysentery...	0	0	0	0	0	1	1	0	0	1	0	0	3
4. Enteric	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Diphtheria	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Scarlet Fever	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Measles	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Whooping Cough	0	0	0	0	0	0	0	0	0	1	0	0	1
9. Tetanus	0	0	0	0	0	0	0	2	0	0	0	0	2
10. Malaria	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Venereal Disease	0	1	0	0	0	0	0	0	0	0	1	0	2
12. Puerperal Fever	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Septic Diseases	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Phthisis	0	1	1	0	0	1	0	1	0	0	1	1	6
15. Other forms of Tuberculosis	0	0	1	0	0	0	1	0	0	0	0	0	2
16. Other Infectious Diseases	0	0	0	0	0	0	0	1	0	0	0	0	1
17. Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Diseases of Birth and Development	0	1	0	0	0	0	0	0	0	0	0	0	1
19. Old Age	0	0	0	0	0	0	0	0	0	0	0	0	0
20. Diseases of Nervous System	0	0	2	0	1	0	0	0	0	0	0	0	3
21. Dis. of Heart & Circulatory System	0	2	0	0	0	1	0	0	2	0	0	0	5
22. Pneumonia	1	1	1	0	2	1	2	1	0	2	2	0	13
23. Bronchitis	0	0	0	0	0	0	0	0	0	0	1	0	1
24. Other Dis. of Respiratory Organs... ..	0	0	0	0	0	0	0	0	0	0	1	0	1
25. Diarrhœa	2	2	1	0	0	0	1	0	0	1	0	2	9
26. Other Dis. of Liver and Alimentary Track	0	0	3	0	0	1	0	0	0	0	1	0	5
27. Diseases of Urinary System	1	0	1	0	1	0	0	0	0	0	0	0	3
28. Diseases of Child Birth	0	0	1	0	0	0	0	0	0	0	0	0	1
29. Diseases of Reproductive System	0	0	0	0	0	0	0	1	0	0	0	0	1
30. Accident	2	2	2	0	0	3	1	2	1	1	1	0	15
31. Homicide	0	0	0	0	0	0	0	0	0	0	0	0	0
32. Suicide	0	0	0	0	0	0	0	0	0	0	0	0	0
33. Execution	0	0	0	0	0	0	0	0	0	0	0	0	0
34. Ill-defined Causes	0	0	1	0	0	1	0	0	0	0	0	0	2
35. Natural Causes	0	0	0	0	0	0	0	0	1	0	0	0	1
36. Still Born	1	1	1	0	1	1	2	0	0	0	0	3	10
Totals	7	11	15	0	5	10	8	8	4	6	8	6	88

INDIAN DEATHS.

INDIANS (Population, 1910, 16,131).—During the past year 274 Indians have died in Durban.

	Adults.	Children.	Total.
Males	68	88	156
Females	54	64	118
	—	—	—
Totals	122	152	274

“ Child ” means under 12 years.

1. TABLE SHOWING INDIAN POPULATIONS, DEATHS,
AND DEATH RATES SINCE 1st AUGUST, 1902.

YEAR.	1902-3	1903-4	1904-5	1905-6	1906-7	1907-8	1908 9	1909-10
Population ...	12,460	15,631	15,631	16,400	16,000	15,815	15,057	16,131
Deaths	677	558	608	622	475	459	316	274
Death Rate ...	49·3	36·5	38·0	37·9	29·7	29·0	21·0	18·2

2. ASIATIC DEATHS ARRANGED ACCORDING TO MONTHS AND CERTAIN DISEASES.

Diseases.				August	September	October	November	December	January.	February	March	April	May	June	July	Totals
1.	Plague	...	...	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	Small Pox...	...	...	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	Dysentery...	...	...	0	0	0	0	0	0	0	0	0	0	0	1	1
4.	Enteric Fever	...	...	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	Diphtheria	...	...	0	0	0	0	0	0	0	0	0	0	0	0	0
6.	Scarlet Fever	...	...	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	Measles	...	...	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	Whooping Cough	...	...	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	Tetanus	...	...	0	0	0	0	0	1	0	1	0	0	0	0	2
10.	Malaria	...	...	1	0	0	0	0	0	0	0	1	0	0	0	2
11.	Venereal Disease	...	...	0	0	1	0	0	0	1	0	0	0	0	0	2
12.	Puerperal Fever	...	...	0	0	0	0	0	0	0	0	0	0	0	0	0
13.	Septic Diseases	...	...	0	0	0	0	0	0	0	0	0	0	0	0	0
14.	Phthisis	...	...	4	3	3	1	0	3	2	2	3	3	2	5	31
15.	Other forms of Tuberculosis	...	...	0	0	0	0	0	1	0	1	0	1	0	0	3
16.	Other Infectious Diseases	...	...	0	0	0	0	0	0	0	0	0	0	0	0	0
17.	Cancer	...	...	0	1	1	0	1	0	0	0	0	0	0	1	4
18.	Diseases of Birth and Development	...	...	3	1	1	0	0	0	0	1	0	0	2	1	9
19.	Old Age	...	...	1	1	0	0	0	0	0	0	1	2	0	0	5
20.	Diseases of Nervous System	...	...	3	1	2	1	2	1	0	2	1	1	1	1	16
21.	Dis. of Heart & Circulatory System	...	...	3	2	1	2	0	3	0	0	0	1	0	0	12
22.	Pneumonia	...	...	2	0	1	5	1	3	3	2	1	1	5	2	26
23.	Bronchitis...	...	...	3	2	0	4	3	3	2	0	2	3	0	1	23
24.	Other Dis. of Respiratory Organs...	...	...	1	0	0	0	0	1	0	0	1	2	0	0	5
25.	Diarrhœa, Catarrh, Enteritis	...	...	3	0	1	4	2	1	1	1	1	1	4	1	20
26.	Other Dis. of Liver and Alimentary Track	...	...	2	4	1	2	0	1	2	2	5	3	4	3	29
27.	Diseases of Urinary System	...	...	0	1	1	1	2	2	1	2	1	1	1	1	14
28.	Diseases of Child-Birth	...	...	1	0	0	1	0	0	0	0	1	2	0	0	5
29.	Dis. of Reproductive System	...	...	0	0	0	0	0	0	0	1	0	0	0	0	1
30.	Accidents	...	...	4	0	2	2	0	2	0	0	4	0	1	1	16
31.	Homicide	...	...	0	0	0	0	2	0	0	0	0	0	0	0	2
32.	Suicide	...	...	0	0	0	0	2	0	0	0	0	0	0	0	2
33.	Execution	...	...	0	1	0	0	0	0	0	0	0	0	0	0	1
34.	Ill-defined Causes	...	...	0	0	1	0	0	0	0	0	1	0	2	1	5
35.	Natural Causes	...	...	2	0	0	0	0	0	0	1	1	0	0	1	5
36.	Still-born	...	...	5	5	4	7	1	4	1	3	0	0	1	2	33
Totals				39	21	20	30	16	26	13	19	24	21	23	22	274



COMPARATVIE TABLE OF DEATHS FROM DISEASES
AMONGST NATIVE AND ASIATIC RACES FOR THE
PAST TWO YEARS.

No.	DISEASES.	ASIATICS.		NATIVES.	
		1908-09	1909-10	1908-09	1909-10
	Population ...	15057	16131	15900	16489
1	Plague	0	0	0	0
2	Smallpox	0	0	0	0
3	Dysentery	6	1	3	3
4	Enteric Fever	0	0	0	0
5	Diphtheria	0	0	0	0
6	Scarlet Fever	0	0	0	0
7	Measles	1	0	0	0
8	Whooping Cough	0	0	0	1
9	Tetanus	4	2	1	2
10	Malaria	2	2	1	0
11	Venereal Disease	5	2	5	2
12	Puerperal Fever	1	0	1	0
13	Septic Diseases	4	0	4	0
14	Phthisis	51	31	13	6
15	Other Forms of Tuberculosis	7	3	7	2
16	Other Infectious Diseases	1	0	0	1
17	Cancer	2	4	1	0
18	Dis. of Birth and Development	36	9	9	1
19	Old Age	4	5	0	0
20	Diseases of Nervous System	29	16	2	3
21	Dis. of Heart and Circulatory System	9	12	6	5
22	Pneumonia	27	26	16	13
23	Bronchitis	19	23	5	1
24	Other Dis. of the Respiratory Organs	1	5	4	1
25	Diarrhoea, Catarrh, Enteritis,	25	20	12	9
26	Other Dis. of Liver and Alimentary Track	44	29	11	5
27	Diseases of Urinary System	9	14	5	3
28	Diseases of Child-Birth	3	5	1	1
29	Diseases of Reproductive System	0	1	0	1
30	Accident	16	16	13	15
31	Homicide	2	2	0	0
32	Suicide	3	2	0	0
33	Execution	2	1	0	0
34	Ill-Defined Causes	0	5	0	2
35	Natural Causes	3	5	0	1
36	Still Born	0	33	0	10
	Totals	316	274	120	88

ABSTRACT OF DEATHS OF NATIVE AND ASIATIC RACES.

Year.		Asiatic.	Native.	Total.
1908-09	...	316	120	436
1909-10	...	274	88	362

in Durban, and merely stating that it is to the disadvantage of our death rate to do so, I have had prepared the following table:—

Ages.	Mean Annual Death Rate in England and Wales, 1901-5, per 1,000 1.8, living at each Age Group.	Population of Durban, 1910.	Calculated Number of Deaths in Durban same rate as England and Wales.	Actual Deaths.
0—5	49.32	4018	198	60
5—10	3.69	3360	20	2
10—15	2.15	2762	6	6
15—20	3.05	2640	8	3
20—25	3.91	2621	10	6
25—35	5.46	6513	41	17
35—45	9.03	5377	48	39
45—55	15.24	2678	41	26
55—65	29.08	1292	38	14
65—75	61.23	546	33	24
75 and over	143.71	168	24	13
Totals ...		31,875	467	210

This table shows the number of deaths which would have taken place in Durban at different age periods if Durban had a death rate in the same proportion as England and Wales (1901-05). The total deaths in the Borough would have been 467 instead of 210 the actual deaths that occurred, the corresponding death rates being 14.7 and 6.6. This is a comparison of death rates under true comparison conditions, removing as it does entirely the favourable conditions of Durban in having a large population at ages when the death rate is low. I have ventured to doubt the accuracy of the last Municipal Census returns owing, as stated, to the temporary immigration of winter visitors having set in, yet if the excessive allowance of 2,000 be made from the European population as recorded by such census, we are still able to show a death rate under 7 per 1,000 inhabitants. It is therefore apparent that the low death rate in Durban is partly on account of a large population of persons at a very viable period of life, but we also see that this only partly explains the low death rate, and that when we compare the number of deaths in the generally recognised age periods with the corresponding deaths in similar age periods at Home, we find that the numbers of deaths are in the aggregate more than double. Keeping well within the region of accurate statement, it can be said that there exists in Durban at all ages a much less liability to death than exists generally in England and Wales. This is a point worthy of recognition by Life Assurance Offices. Any inquiries from such offices are usually pointing in the other direction, viz., to increase premiums owing to the occurrence at rare intervals of such diseases as malaria or plague.

It may be thought by some that as the young people of to-day will become the old people of to-morrow, that in the course of some years the much higher death rate will compensate for the low one of the present. Without going further into this aspect of the question I may state that good reasons can be adduced that with an increasing population such a prophecy is very unlikely to be fulfilled.

The table of causes of deaths amongst Europeans calls for no special remarks. There is a considerable diminution of certain causes, but the number of deaths due to Tuberculosis it will be noticed remain practically stationary during the past three years.

Amongst Indians, Diseases of Lungs, are as before, much more numerous than that of any other organ or system, and undoubtedly points to the necessity for insisting on this race being provided with better housing accommodation.

Amongst Natives accidents account for the greatest number of deaths. The number of deaths from accidents amongst Indians is also considerable.

INFANTILE MORTALITY.

	Males.	Females.	Total.
Infantile Deaths during 1909-10	30	11	41

Infantile mortality figure for Borough of Durban, that is the rate of infant deaths per 1,000 registered births during 1909-10=45.4.

TABLE I.—INFANTILE DEATHS GROUPED ACCORDING TO AGES IN WEEKS AND MONTHS.

	Under 1 Week	1-2 Weeks	2-3 Weeks	3-4 Weeks	Total deaths under 1 month	1-2 Months	2-3 Months	3-4 Months	4-5 Months	5-6 Months	6-7 Months	7-8 Months	8-9 Months	9-10 Months	10-11 Months	11-12 Months	Total deaths under 1 year
Deaths	10	3	3	0	16	4	2	4	1	4	4	1	1	0	2	2	41

TABLE 2.—INFANTILE DEATHS GROUPED ACCORDING TO MONTHLY INCIDENCES.

1909						1910							Total
Months	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April	May	June	July	
Deaths	2	1	2	7	4	3	1	3	1	2	5	10	41

TABLE 3.—MONTHLY DISTRIBUTION OF SOME OF THE MORE COMMON CAUSES OF INFANT DEATHS.

					1909					1910							
Months	...	...	...		Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April.	May.	June	July	Total.
Premature Birth	...	...	...		0	0	0	1	1	0	1	0	0	1	0	0	4
Enteritis	...	...	...		0	1	1	1	2	1	0	0	0	0	2	0	8
Gastric and Intestinal Catarrh					0	0	1	0	0	0	0	1	0	0	2	3	7
Marasmus	...	...	...		0	0	0	1	0	0	0	0	0	0	0	0	1

TABLE 4, SHOWING INFANTILE DEATHS IN WARDS FOR THE PAST FOUR YEARS.

YEARS.	WARDS.							TOTAL.
	1	2	3	4	5	6	7	
1906-7	14	7	12	13	7	2	12	67
1907-8	20	4	11	12	18	13	11	89
1908-9	13	6	10	10	7	6	10	62
1909-10	6	9	5	7	7	4	3	41

For purposes of Vital Statistics the term "infant" is applied to a child under one year of age. The mortality amongst "infants" being naturally high, a special mortality record is made for such deaths, and the number of deaths, the monthly incidence, causes of such deaths, etc., are all referred to under the heading of "Infantile Mortality."

In order to compare one district or community with another as far as Infantile Mortality is concerned, a common basis of calculation has been accepted, and the resultant figure is spoken of as the "Infantile Mortality Figure."

This Infantile Mortality Figure represents the number of deaths per 1,000 of the infantile population. The infantile population is reckoned as the number of births occurring during the year under consideration.

This compound term, "Infantile Mortality Figure," is one that has of recent years had considerable attention and reference made to it in Parliaments, Municipal Councils, and Philanthropic Agencies of many kinds. With the intention of lowering the Infantile Mortality Figure, Acts of Parliament relating to the early notification of births have been passed. A Bill dealing with pure milk supply has been prepared by the President of the Local Government Board; health visitors, creches, and milk depots have been provided by numerous municipalities, and premiums, particularly in districts of a city where the Infantile Mortality Figure is considerably higher than the average, have been given by individuals and agencies to mothers whose children were alive at the end of twelve months.

From our Census return we find there were 837 children under one year of age in Durban on the 19th May, and from the Registrar of Births we find that during the year 854 births have been registered. The registered births are taken as the basis of the infantile population.

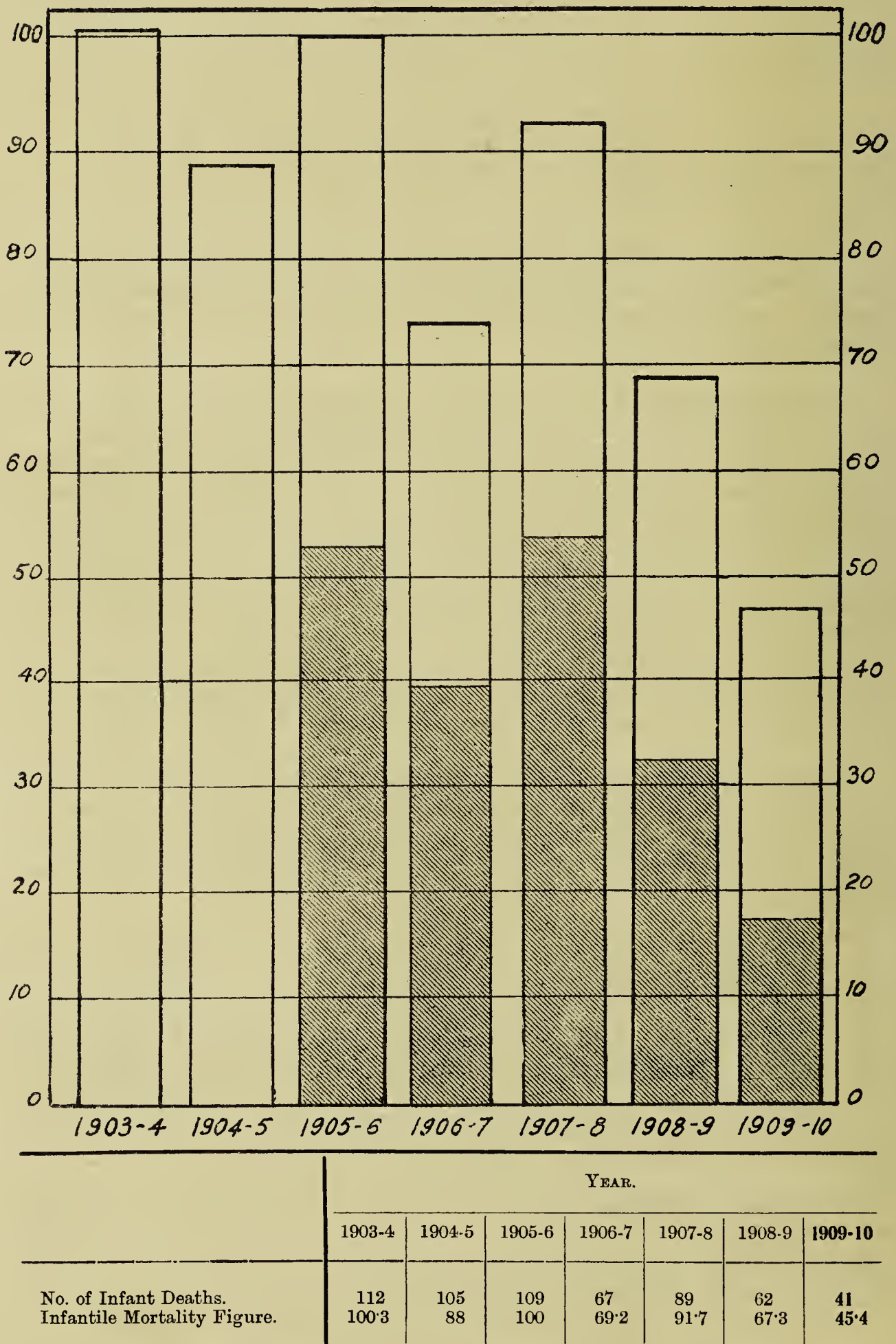
Registered births	854
Infantile deaths	41

This equals 45.4 infantile deaths per 1,000 births, and represents the Infantile Mortality Figure of the Borough of Durban, 1909-10.

The following table shows the Infantile Mortality figure for England and Wales during 1909:—

All England and Wales	109
76 Great Towns	118
143 Smaller Towns	111
England and Wales, less these 219 Towns	98

The following columns and table exhibit the Infantile Mortality Figures for the past seven years:—



It will be noticed that the Infantile Mortality Figure for 1909-10 is considerably lower than that of any previous year. The shaded portions of the columns represent the proportion of infantile deaths due to diseases of the Alimentary Track. These diseases are due chiefly to irritative or inflammatory conditions which it is reasonable to suppose have been caused by the introduction into the stomach

of unsuitable articles of food. It will be seen from the above graphic columns that the decline amongst infant deaths during the past three years has been chiefly due to the decline of fatalities from diseases of the Stomach and Intestines.

NATIVES.—From the paucity of numbers, as well as other circumstances, it would be absurd to calculate an Infantile Mortality Figure for the Native population in this Borough. It is interesting, however, to learn from the Annual Report (1909) of the Health Officer for Natal to the Native Affairs Department that the Native Infantile Mortality Figure in Natal is stated to be 151 per 1,000 registered births.

INDIANS.—Owing to the inability of the general Indian population to understand what is meant by “one year,” it is impossible at present to state an Indian Infantile Mortality Figure.

INFECTIOUS DISEASES.

During the past year no cases of Plague or Smallpox have appeared within the Borough, nor has any case of Malaria had its origin within our boundaries.

SMALLPOX.—Several cases of Smallpox and Smallpox Contacts have arrived by sea, but these are dealt with by the Port Health Department, and all such cases occurring amongst coloured races have been isolated or quarantined on Salisbury Island. The compulsory quarantining of Contacts of dangerous infectious diseases is the only method that can be recommended so far as Indians and Natives are concerned. In the past it has been customary in many cases to allow coloured contacts to leave the ship on providing their names and addresses of destination. Experience of such method has shown that in 90 per cent. of cases the address given to the Immigration Office has been a wrong one. There is in addition the duty thrown on the Municipality of visiting those people at their homes daily, and I am quite prepared to state that if a case of Smallpox should happen to develop amongst such persons they would not be available for inspection at our next visit.

The Port of Durban is controlled by a definite Health Department entirely separate from that of the Municipality, and although both always work in perfect harmony, we cannot admit the right of one Health Department to pass on to another authority actual or potential cases of diseases, generally regarded as infectious. It is necessary, however, to consider the circumstances in each case where a medical certificate cannot be given that the persons concerned are free from infection.

VACCINATION.—We still continue as far as possible to assist the Health Officer for the Colony and District Vaccinator to enforce the requirements of the Vaccination Act, 1906, in the Borough of Durban. This assistance is carried out by the Inspector of Nuisances and his District Inspectors. The greater portion of the work in this respect concerns the Indian population, and as a consequence of the visitations made and the information given to the parents as to the date, time and place of vaccination, the result has been that the In-

dian population is in a much better state so far as immunity to Small-pox is concerned than when this disease broke out in Durban some years ago. Those parents whose children are liable to be vaccinated and who fail to comply with the warnings given by the District Sanitary Inspectors, have their names entered on a list of defaulters and sent to the Health Officer for the Colony for prosecution. The Health Officer informs me that the Indian vaccinations in the Borough are considerably less than the numbers liable. Every effort will be made during the incoming year to secure an efficient vaccination of every Indian liable to the operation. During the year a considerable number of prosecutions for failing to comply with the Vaccination Act has taken place against residents in Durban, chiefly Europeans and Indians, and several batches of them have appeared before the Magistrate, who has usually fined the delinquents 10s. in each case. We still continue to distribute the calf-lymph supplied by the Health Department of the Colony, to the Medical men practising in Durban.

I have received the following information from the Health Officer in Natal regarding the number of vaccinations which have taken place in the Borough of Durban during the past year:—

EUROPEANS.—Certificates received during period 1909-10.

Primary.

Children aged $2\frac{1}{2}$ years and under ...	...	446	Successful Vaccinations.
„ „ $2\frac{1}{2}$ to 5 years...	...	49	
„ „ 6 to 9 „ ...	...	25	
Total ...	...	520	

Secondary.

Children aged 10 to 13 years	...	70
Grand Total ...	...	590

INDIANS.—Returns of Vaccination received during period 1909-10.

Primary.

Ages ...	Under 1 Year.	1—4 Years.	5—
	91	70	

Secondary.

	7
Grand Total ...	168

NATIVES.—Nil.

INFECTIOUS DISEASES.

TABLE OF CASES OF NOTIFIABLE INFECTIOUS DISEASES, ARRANGED ACCORDING TO RACES, NOTIFIED DURING 1909-10.

	Europeans	Asiatics	Natives	Imported	Total	Compared with previous year.	
						Increase	Decrease
Plague ...	0	0	0	0	0	...	...
Dysentery ...	35	10	9	26	80	8	...
Smallpox ...	0	0	0	0	0	...	1
Diphtheria ...	59	1	0	2	62	27	...
Erysipelas ...	3	0	0	3	6	2	...
Scarlet Fever ...	9	0	0	1	10	...	1
Enteric Fever ...	19	1	3	22	45	...	3
Puerperal Fever ...	1	0	0	1	2	...	1
Leprosy ...	0	3	0	0	3	2	...
Phthisis ...	29	62	9	98	198	48	...
Totals ...	155	77	21	153	406	87	6

TABLE SIMILAR TO ABOVE FOR COMPARISON CONTAINING NOTIFICATIONS OF PREVIOUS YEAR, 1908-09.

Diseases.	Europeans	Asiatics	Natives	Imported	Total less Imported	Compared with previous year.	
						Increase	Decrease
Plague ...	0	0	0	0	0	...	...
Dysentery ...	40	21	11	16	72	...	29
Smallpox ...	0	1	0	1	1	1	...
Diphtheria ...	35	0	0	1	35	...	2
Erysipelas ...	4	0	0	0	4	...	4
Scarlet Fever ...	11	0	0	0	11	...	10
Enteric Fever ...	45	1	2	11	48	...	47
Puerperal Fever ...	0	1	2	1	3	...	1
Leprosy ...	0	1	0	0	1	...	...
Phthisis ...	34	93	23	46	150	67	...
Totals ...	169	118	38	76	325	68	93

DYSENTERY.

The following table shows the cases notified and deaths registered during the past six years:—

Year.	1904-5	1905-6	1906-7	1907-8	1908-9	1909-10.	
						Borough.	Imported.
Cases, ...	316	276	93	101	72	54	26
European Deaths,	8	7	4	*35	*15	*6	*9

* Includes European, Asiatics and Natives.

Case Mortality, 11.111 per cent.
Incidence per 1,000 of population, .835 per cent. (all Races).

RACE AND SEX DISTRIBUTION.

	Male.	Female.	Total.	Deaths.
European	21	14	35	2
Native	8	1	9	3
Asiatic	7	3	10	1

WARD DISTRIBUTION.

Ward	1	2	3	4	5	6	7	Total.
European	3	4	3	10	7	4	4	35
Native	2	1	2	1	—	3	—	9
Asiatic	1	—	—	—	—	8	1	10
Totals	6	5	5	11	7	15	5	54

The houses of 44 were provided with water closets and at 5 the pail system was in use.

NUMBER OF ROOMS IN INFECTED HOUSES.

Rooms, ...	1	2	3	4	5	6	7	Over 7.	Institutions.	Total.
European, ...	3	2	3	8	10	5	...	2	2	35
Native, ...	5	...	...	...	...	...	...	...	1	6
Asiatic, ...	4	3	...	...	1	...	...	...	...	8
Totals, ...	12	5	3	8	11	5	...	2	3	49

AGE DISTRIBUTION—EUROPEAN.
1909-10.

Age	0-5	5-10	10-15	15-20	20-25	25-35	35-45	45-55	55-65	65-75	Total.
Male, 5	...	...	2	...	1	5	4	4	...	...	21
Female, 1	2	...	...	...	...	4	3	...	2	2	14
Totals, 6	2	...	2	...	1	9	7	4	2	2	35

COLOURED RACES.

	Adults.	Children.
Native	9	—
Asiatic	7	3
	—	—
Total	16	3

SANITARY CONDITIONS.—The structural and sanitary conditions of buildings and surroundings at the houses where the cases resided were:—

Good.	Fair.	Poor.	Bad.	Total.
12	29	7	1	49

CLEANLINESS.—So far as cleanliness of the interior of the dwelling and its surroundings was concerned, they might be classed as:—

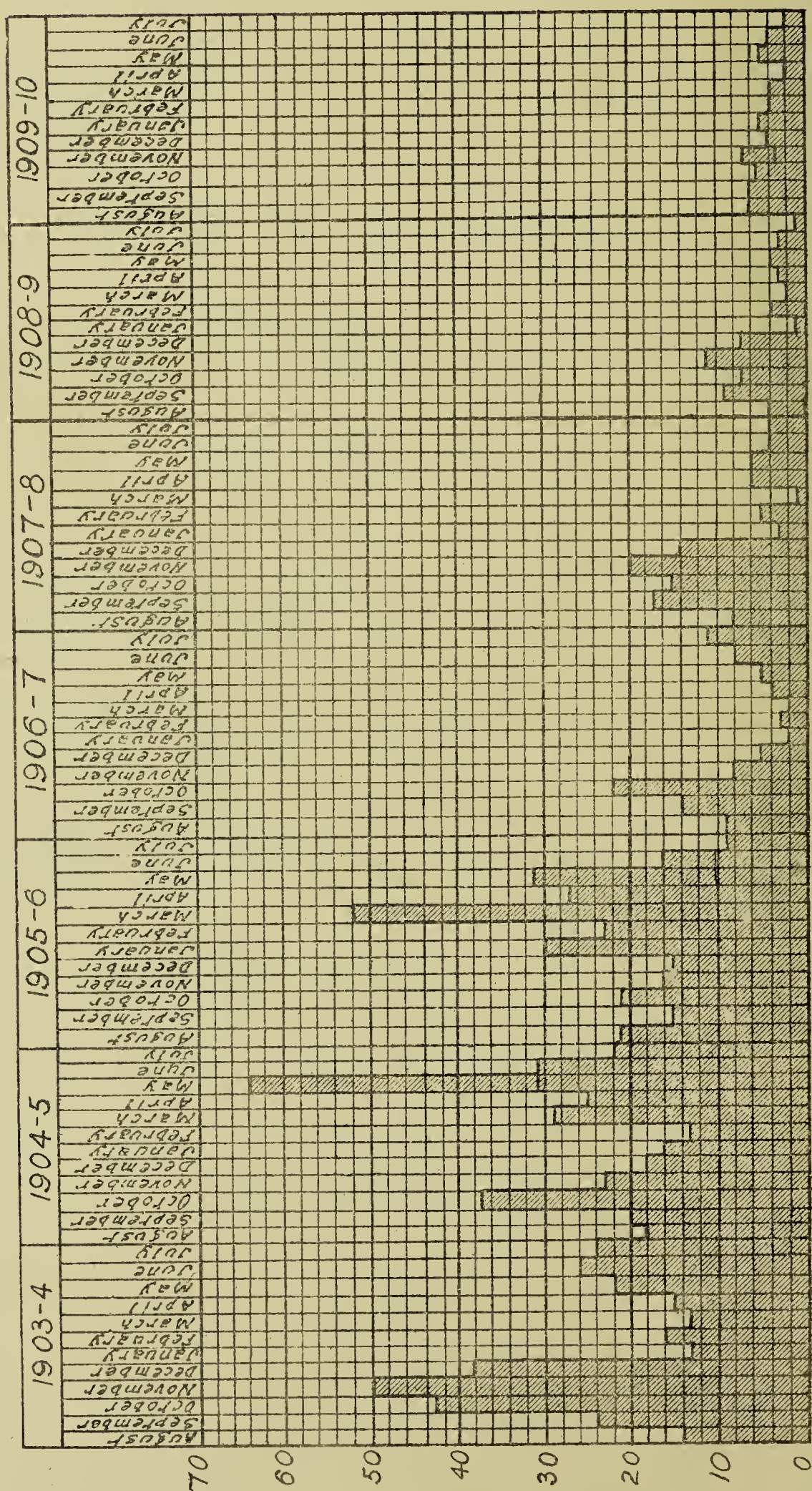
Clean.	Fair.	Dirty.	Total.
25	18	6	49

DYSENTERY.—In regard to this disease and its prevalence in the Borough there are good reasons for doubting that the returns are accurate, or otherwise, that the disease notified as Dysentery does not represent in all cases the specific disease for which notification is desired. Half of the doctors practising in Durban during the past year have not notified a single case, and eight of the leading practitioners have only notified three cases amongst them. For all practical purposes it could well be omitted from the list of notifiable diseases in this Borough, but this I do not wish to propose by any means. On several occasions it has been my unpleasant duty to make strong representations in connection with certain cases notified of this disease.



The following Chart shows graphically the monthly notifications of Dysentery for the past six years:—

DYSENTERY NOTIFICATIONS.



ENTERIC FEVER.—The following table shows the total number of cases of Enteric Fever notified and deaths recorded during the past seven years:—

Year	1903-4	1904-5	1905-6	1906-7	1907-8	1908-9	1909-10.	
							Borough	Imported.
Cases	353	143	62	72	95	48	23	22
Deaths	28	20	9	8	12	4	1	3

Cases Mortality. 1909-10 = 4.348 per cent.
Case pop. Incidence 1909-10 = .355 per 1,000 (all races).

RACE AND SEX DISTRIBUTION.

	Male.	Female.	Total.	Deaths.
European	11	8	19	1
Native	3	0	3	0
Asiatic	1	0	1	0
	<hr/> 15	<hr/> 8	<hr/> 23	<hr/> 1

The houses of 19 were provided with water closets, and at 4 the pail system was in use.

The previous year, 1908-09, out of a total of 48 cases 45 of the cases occurred in Europeans. During the past year out of a total of 23 cases, 19 were amongst Europeans.

WIDAL REACTION.

During the year 31 specimens of blood from suspected cases of Enteric have been submitted to me for examination. Of these 4 were positive and 27 negative.

The following tables show some particulars regarding the Races, Ages, Wards, etc., in which the cases occurred:—

WARD DISTRIBUTION.

Wards	1	2	3	4	5	6	7	Total.
Cases	4	4	3	0	3	3	6	23

SIZE OF HOUSE.

Rooms,	1	2	3	4	5	6	7	Over 7.	Institutions.	Total.
European,	3	0	1	2	2	8	0	1	2	19
Indian,	1	0	0	0	0	0	0	0	0	1
Native,	3	0	0	0	0	0	0	0	0	3
Total,	7	0	1	2	2	8	0	1	2	23

AGE DISTRIBUTION—EUROPEANS.

Age.	0-5	5-10	10-15	15-20	20-25	25-35	35-45	45-55	55-65	65-75	Total
Male, ...	...	1	...	2	1	6	...	...	1	...	11
Female, ...	1	...	2	1	2	1	...	1	...	...	8
Totals, ...	1	1	2	3	3	7	...	1	1	...	19

SANITARY CONDITIONS.—The sanitary conditions existing at houses where the cases resided were:—

Good.	Fair.	Bad.	Total.
10	11	2	23

CLEANLINESS.—So far as cleanliness of the dwelling and its surroundings was concerned they might be classed as:—

Clean.	Fair.	Dirty.	Total.
17	5	1	23

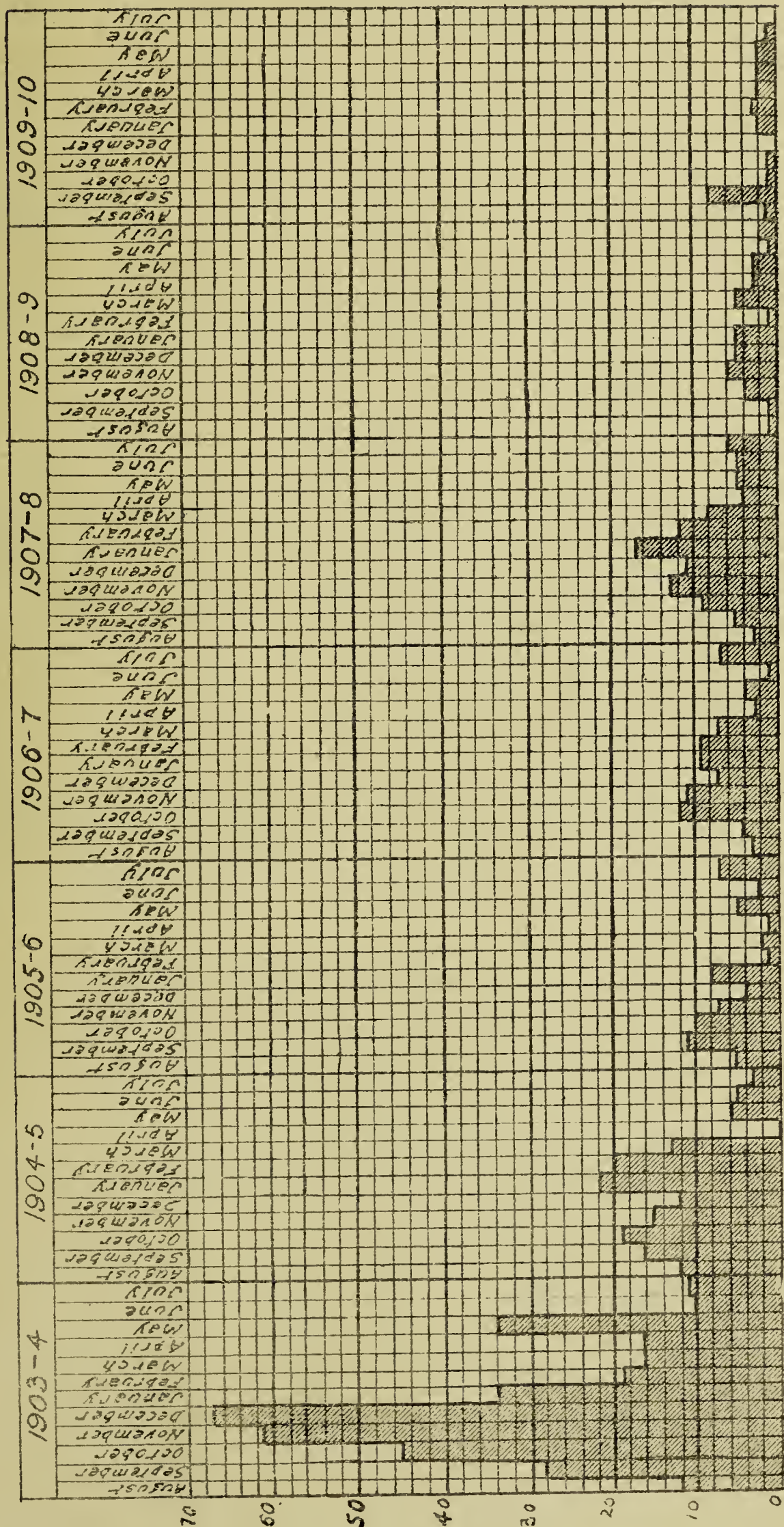
There is nothing of importance to report in connection with the sporadic cases of Enteric that have occurred in Durban during the past year.

Much has recently been learned regarding the mode of spread of infection of this disease. So far as can presently be seen there is a probability that the present methods of dealing with this disease from the standpoint of prevention, are not sufficient, even if carried out with absolute precision, to entirely control the spread of Enteric infection. It has been clearly proved from many sources that it does not necessarily follow that a person who has recovered from Enteric may not be a source of danger to his fellow beings for a considerable number of years thereafter. How to deal with such individuals—themselves in the best of health, is a problem being considered at present by sanitarians. There are at times cases of illness characterised by a continued fever with no apparent local lesion anywhere, and probably presenting the symptoms usually found associated with cases of Enteric, but on the whole presenting considerable difficulty to the medical practitioner in arriving at a definite diagnosis. I firmly believe that the most reliable diagnosis not only to Enteric, but to many other infectious diseases, can best be made from careful observation of the clinical signs and symptoms. We have, however, at our command in connection with cases or suspected cases of Enteric, a method—the Widal Reaction—which is estimated by the highest authorities to have a possible error of only $2\frac{1}{2}$ per cent. Such a valuable aid to diagnosis should certainly be utilised in doubtful cases, and when in addition, on similar high authority, it is said “that no symptom of Enteric is so constant as the serum reaction,” it strongly suggests its being practically applied at every opportunity.

In my laboratory there are five strains of the *Bacillus Typhosus* kept, as well as a strain of *Bacillus Paratyphosus*, for the purpose of testing blood samples sent to me by practitioners from suspected cases occurring in the Borough. It is very unlikely that an Enteric case can be passed over by such examination. It appears to me that in order to obtain such remarkable precision it is not too much trouble to puncture the finger or lobe of the ear sufficiently much to obtain one drop of blood. At times the diagnosis may be so apparent that there exists no necessity for even abstracting a drop of blood, but I would suggest to the consideration of the Sanitary Committee that where a specimen of blood from a case of Enteric has been examined and reported upon as being positive, that an increased notification fee be paid.

The subjoined Chart shows the Monthly Distributions of Enteric during the past six years:—

ENTERIC FEVER NOTIFICATIONS.



SCARLET FEVER.

The following table shows the cases notified and deaths from Scarlet Fever registered during the past seven years:—

Year	1903-4	1904-5	1905-6	1906-7	1907-8	1908-9	1909-10.	
							Borough.	Imported.
Cases,	53	33	47	38	21	11	9	1
Deaths	1	1	0	0	0	0	0	0

WARD DISTRIBUTION.

Ward	1	2	3	4	5	6	7	Imported.
Cases	1	1	2	0	2	0	3	1

AGE AND SEX DISTRIBUTION.

Age	under 5 years	5-10	Total.
Male	2	1	3
Female	1	5	6
Totals	3	6	9

SCARLET FEVER.—The number of cases of this disease in the Borough has only amounted to 9 cases during the past year. Scarlet Fever appears to be always of an extremely mild type in Durban. The only point of importance in connection with it is the fact that it is very infectious, and that a case occurring in an hotel or boarding-house, more especially during the Winter Season, is the cause of considerable consternation amongst the parents of other children, and which is only relieved by the removal of the patient, and disinfection of rooms and such articles as may have been exposed to contagion. Such patients should in every case be removed to a well-appointed hospital, where comfort and everything that would tend to the speedy welfare the patient is present. The present accommodation for Scarlet Fever cases cannot be regarded as very satisfactory, being in structure below the average dwelling-house in Durban.

I should like to point out that it is by making proper provision for the first cases that occur that what may develop into an outbreak or epidemic may be staved off, and the accommodation, nursing, medical attendance, etc., provided, should be of such a nature as to induce all parents to send their children to it for treatment, if they so desired.

DIPHTHERIA.

Table of notified cases and deaths registered during the past six years:—

Year.	1904-5	1905-6	1906-7	1907-8	1908-9	1909-10.	
						Borough.	Imported.
Cases,	36	38	58	37	35	60	2
Deaths,	4	5	8	2	0	6	0
Males						22	
Females						38	
Total						60	

WARD DISTRIBUTION.

Wards	1	2	3	4	5	6	7	Total.
Cases	12	6	16	0	16	2	8	60

MONTHLY DISTRIBUTION.

	1909.							1910.					
	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May.	June	July	Total.
Cases,	5	4	8	5	3	2	4	5	1	4	11	8	60
Deaths,	1	0	0	1	2	0	0	0	1	0	0	1	6

There has been a considerable increase in the number of these cases but as will be seen by the tables they have been fairly well spread over the year, and have occurred in many different parts of the Borough. When possible an endeavour has been made to get the notification confirmed by a bacteriological examination, but as will be seen, although 60 cases were notified, only 36 specimens of the throat exudation were sent, and of these 29 were negative. The injection of Diphtheria anti-toxin has, of course, revolutionised the treatment of this disease. The cost of anti-toxin, however, remains somewhat high, and in some cases owing to the inability on the part of the parents to provide the remedy the disease has progressed—in at least one case in fact to end fatally. I have caused to be sent out to all doctors in Durban a circular informing them that when called to a case of Diphtheria, and should the parents or guardians in their opinion appear unable to provide anti-toxin they are at liberty to use such remedy freely from their own stock, and on communicating with this Department its replacement will be immediately effected from our stock. I do not anticipate that such circumstances will be often met, but at any rate it will prevent any child in this Borough becoming dangerously ill or dying from Diphtheria on account of poverty, and it will further place the burden of providing such remedy on more proper shoulders and not as often happens on the humanity and at the expense of the medical attendant.

WHOOPIING COUGH.

During the past year there has been a considerable number of cases of Whooping Cough throughout the Borough amongst all Races. As it is not a notifiable disease no approximation as to the number of cases can even be made. There is, however, a somewhat serious question met with in connection with cases of this disease, that is taking little patients down to the beach, where they are brought into contact with healthy children. The practice is almost entirely confined to visitors to the Borough. Several of such cases have been observed by the Baths Superintendent on that crowded part of the beach opposite the Bathing Enclosure. Although Whooping Cough is not a notifiable disease, bye-laws relating to infectious diseases apply in every respect to it, and provide a penalty not exceeding £10 from those in charge of a child who are convicted of having exposed such a sufferer without proper precautions in any public place. It is only slightly over a year ago since a medical man (a visitor) was fined £5 for exposing his child in the vicinity of the Bathing Enclosure while suffering from an infectious disease (Scarlet

Fever). The Baths Superintendent will in future immediately communicate with me should he recognise an undoubted case of Whooping Cough anywhere in that area, and the matter will then be taken in hand, and any offenders promptly dealt with.

MEASLES.

A considerable number of cases of Measles has also occurred throughout the Borough during the past year. I have not recommended that this disease be made a notifiable one, owing to the fact that its infectious nature is highly developed and capable of probably causing a maximum spread of infection before the disease is sufficiently developed to allow a medical man to pronounce the case to be one of Measles. Measles has been fairly prevalent in some up-country towns, and during one of the Johannesburg *Leader* trips for children Measles broke out amongst the little visitors. The cases, however, were speedily isolated, the buildings, clothing and bedding disinfected, and with the exception of one or two of the patients they were all able to return on the expiration of their fortnight's holiday.

TUBERCULOSIS.

Table I.

YEAR.	EUROPEANS.				NATIVES.				ASIATICS.			
	All Tuberculosis.		Phthisis.		All Tuberculosis.		Phthisis.		All Tuberculosis.		Phthisis.	
	Deaths.	Rate per 1,000 of Pop.	Deaths.	Rate per 1,000 of Pop.	Deaths.	Rate per 1,000 of Pop.	Deaths.	Rate per 1,000 of Pop.	Deaths.	Rate per 1,000 of Pop.	Deaths.	Rate per 1,000 of Pop.
1903-04	39	1.20	28	.9	38	2.00	34	1.8	65	4.20	59	3.90
1904-05	33	.98	28	.8	30	1.40	27	1.3	79	4.90	69	4.30
1905-06	27	.80	24	.7	20	1.00	17	0.9	76	4.60	68	4.10
1906-07	30	.95	22	.7	36	2.20	23	1.1	82	5.10	61	3.80
1907-08	21	.70	18	.6	29	1.48	23	1.77	80	5.06	75	4.74
1908-09	20	.68	14	.48	20	1.25	13	0.82	58	3.85	51	3.39
1909-10	19	.59	18	.56	8	.49	6	.36	34	2.11	31	1.92

CHART 12.

Chart showing the Death Rate per 1,000 from Tuberculosis amongst Europeans, Asiatics, and Natives during the past seven years:—



TABLE 2.—DEATHS FROM TUBERCULOSIS SINCE 1903.

	1903-4	1904-5	1905-6	1906-7	1907-8	1908-9	1909-10	Total Deaths for 7 Years.	Annual Average Mortality.
Europeans,	39	33	27	30	21	20	18	188	28
Natives,	38	30	20	36	29	20	22	195	28
Indians,	65	79	76	82	80	58	47	487	69
Totals,	142	142	123	148	130	98	87	870	125

TABLE 3.—CONSUMPTION OF THE LUNGS (1909-10).

		No. of Cases Notified.	No. of Deaths.	Mortality Rate per 1,000 of Population.	Annual Average Number of Deaths for past 6 Years.
Europeans,	...	29	18	.56	21
Natives,	...	9	6	.36	20
Indians,	...	62	31	1.92	59
Totals,	...	100	55		

EUROPEANS.

TABLE 4.—DISTRIBUTION OF NOTIFIED CASES AND DEATHS IN WARDS, 1909-10.

Wards	...	1	2	3	4	5	6	7	Imported.	Total
No. of Cases...		6	4	4	5	1	3	5	26	55
Deaths	...	3	1	5	4	1	3	1	10	28

IMPORTED CASES.

Number notified	...	26
Deaths	...	10

TABLE 5.—AGE AND SEX DISTRIBUTION OF NOTIFIED CASES.

Under 1	1—5	5—10	10—15	15—20	20—25	25—35	35—45	45—55	55—65	65—75	Total.
M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F
Cases											
0 0	0 0	0 0	0 0	1 1	1 3	6 3	9 1	2 0	1 1	0 0	20 9
Deaths											
0 0	0 0	0 0	0 0	0 0	1 0	2 2	6 4	1 0	1 0	1 0	12 6

ASIATICS.

TABLE 6.—DISTRIBUTION OF NOTIFIED CASES AND DEATHS IN WARDS, 1909-10.

Wards	1	2	3	4	5	6	7	Imported.	Total.
Cases Notified ...	23	4	1	11	2	17	4	52	114
Deaths	9	2	0	6	2	10	2	16	47

TUBERCULOSIS.

Following on the initial steps taken during the previous year to effectually deal with this disease as existing in Durban it may be recorded that in October an Anti-Spitting Bye-Law was sanctioned by the Governor-in-Council, and printed notices were posted throughout the town in the English, Native, and Indian languages, and its existence made known by several prosecutions, the culprits being discharged with a caution.

In connection with the Special Report of the Medical Officer of Health for the Borough regarding Tuberculosis, the Durban Medical Society submitted a report to the Town Council. This report, which was included in my Annual Report for 1909, came before the Town Council in September, 1909, when it was referred to the Sanitary Committee for consideration. At the request of its Chairman the Durban Medical Society was asked to send a deputation of their members to confer with the Sanitary Committee while considering this subject. The Medical Society gladly acquiesced in this suggestion, and Drs. Campbell, Copley, Murray Gray, and Haydon attended and I think I cannot do better than merely make an extract from the Minutes of the Sanitary Committee meeting of the 12th November, 1909:—

“The clauses of the Report were then taken seriatim and carefully discussed in detail, together with the *modus operandi* of carrying them into effect wherever it be possible for the Town Council to do so.

“It was recognised that in order to carry out the proposals of the Durban Medical Society, it is essential that a medical man be obtained from Home who had been especially trained in the clinical work of a Tuberculosis Sanatorium, and if possible one who should have some practical experience under a Municipal Health Officer whose Municipality had been engaged in a crusade against Tuberculosis; that the number of cases in Durban of Tuberculosis at present would be quite sufficient to keep him fully occupied; that his duties would consist of conducting a Tuberculosis Bureau, to which patients suffering from or believing themselves to be suffering from Tuberculosis would apply or be sent by their medical men. This officer would diagnose such cases and determine where and how treatment should be carried out. All advice rendered by him should be gratuitous; he would devote his time entirely to work connected with Tuberculosis, unless needed from time to time

“urgently in other directions; he would be an official of the Borough Health Department, and work under and daily report to the Medical Officer of Health.

“A certain proportion of these cases could no doubt be sufficiently treated in their own homes, but for the many others where this is recognisable as impossible, it would be absolutely necessary that accommodation be provided elsewhere, and this provision must be twofold, viz.:—

“(a) For cases so far advanced as to be absolutely hopeless; and

“(b) For cases in a curable stage.

“For the former a house should be erected adjacent to the Government Hospital at Addington, where it is hoped that by the co-operation of Government these patients may be cared for by the staff of that Hospital.

“For the latter, Sanatorium treatment was considered necessary—indeed imperative part of the scheme. The class of building for such purpose need be comparatively inexpensive, the most modern method of dealing with these sufferers being to shelter them in what are little more than open sheds, the administrative staff alone requiring house accommodation of a different character.

“This Sanatorium would require to be erected at a considerable elevation above the town level, and would be under the control of the Bureau Superintendent, who would be held responsible for its satisfactory management.

“Admittance to either place would be upon the recommendation of this Officer—his medical attendance here as with his advice at the Bureau would be free of charge.

“It is to be distinctly understood, however, that the provision thus made in both cases is not intended for that class of our people who can afford their own medical attendance and home treatment, but for the large number who are not in so fortunate a position and who demand therefore our intervention alike for their own sake and that of the community for whom their presence is an ever present source of danger.

“The cubic capacity allotted per head for sleeping purposes was recognised as being too small, and 600 cubic feet per head was regarded in a climate such as this the minimum. Our Building Bye-laws should be amended accordingly.

“Committee also recognised the absolute necessity for obtaining Government’s assistance in this Tuberculosis campaign, and recommended that immediate communication with Government be instituted in order to see to what extent they are prepared to co-operate.

“It is obviously an impossibility for the Town Council to do more than provide for the needs of its own Burgesses; the stranger within our gates should, and must, be provided for at public expense in the interests of the Colony at large.

"It was finally decided that this work regarding Tuberculosis must be done thoroughly or not at all, and Committee recommend that the measures be as simple as possible, but also efficient.

"To summarise briefly—Your Committee recommend:—

"1. The immediate appointment of an Assistant Medical Officer of Health to undertake the duties of Tuberculosis Superintendent.

"2. Later, the erection of the two Hospitals respectively of the two classes.

"5. The increase in cubic capacity of the hospitals from 400 to 600 feet per bed.

"6. The necessity for the Government to provide a site for the hospitals.

"7. In all of which the Government is to incur the expense.

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In connection with the question of Phthisis amongst indentured Indians who develop the disease in this country, inquiry was made of the Protector of Indian Immigrants as to the conditions attaching to the return to India of such persons. The reply was that such indentured Indians are returned to India on the recommendation of the Medical Officer for the circle, the employer guaranteeing to pay any arrears of wages as they fall due. The case arose in connection with an indentured Indian in the Works Department, who had been admitted to the Immigration Depot Hospital suffering from Phthisis, and was unable to do any work. He was subsequently discharged, but remained unimproved. Although the Depot Medical Officer recommended his return to India, the employer refused to continue the payments to him, and the indentured Indian himself refused to be returned to India at a cost of £5. The Indian in question was allowed to terminate his indenture, and the Government made no payment to a person who had been rendered diseased, and was unable to do any work, or to pay compensation to his employer for his loss of labour.

DISINFECTING STATION.

The following is a summary of the work performed at the Disinfecting Station during the past year:—

DISINFECTIONS.

Month	Houses or Rooms	Mattresses	Blankets	Sheets	Articles of Clothing	General Articles	Totals
1909							
August ...	32	59	93	128	1064	379	1755
September ...	36	44	76	121	865	557	1699
October ...	30	51	89	96	620	404	1290
November ...	33	38	59	61	373	197	761
December ...	26	36	57	98	606	445	1238
1910							
January ...	19	29	60	29	198	162	497
February ...	20	42	91	75	684	503	1415
March ...	24	31	54	53	420	244	826
April ...	20	28	47	36	372	280	783
May ...	28	49	94	54	473	185	883
June ...	34	46	96	72	1117	646	2011
July ...	46	86	521	105	1089	828	2675
Totals ...	348	539	1337	928	7881	4800	15,833
Previous Year's Work ...	320	410	739	1018	7832	5749	16,063

PUBLIC BATHS.

The following Table shows the Washing done at the Disinfecting Station for the Public Baths, West Street, during the past year:—

Months.	Brown Towels.	White Towels.	Gents' Costumes.	Ladies' Costumes.	Sheets Plain.	Sheets Ladies'	Totals.
1909							
August ...	4140	560	67	147	27	98	5039
September ...	3940	540	102	120	32	47	4781
October ...	5000	560	88	108	28	69	5853
November ...	6380	620	176	135	34	73	7418
December ...	7300	880	123	112	36	74	8525
1910							
January ...	7700	780	142	103	46	82	8853
February ...	6600	800	141	160	27	79	7807
March ...	6780	840	126	138	25	76	7985
April ...	4320	660	117	112	27	54	5290
May ...	3700	620	93	112	22	49	4596
June...	4400	720	118	162	18	89	5507
July ...	6160	720	85	127	25	97	7214
Totals ...	66,420	8300	1378	1536	347	887	78,868
Previous Year's Work ...	70,710	5040	1440	1585	587	410	79,772

The following Table shows the Washing done during the past year at the Disinfecting Station in connection with the Ocean Beach Bathing Enclosure:—

Months.	Towels.	Ladies' Costumes.	Gents' Costumes.	Boys' Drawers.	Totals.
1909					
August ...	5340	732	2754	58	8884
September ...	4440	510	1976	95	7021
October ...	3480	324	1229	85	5118
November ...	4620	400	1581	96	6697
December ...	5740	462	2328	24	8554
1910					
January ...	6980	924	3092	64	11,060
February ...	4960	480	2496	...	7936
March ...	6620	745	3655	...	11,020
April ...	3380	462	2507	...	6349
May ...	4640	637	2580	...	7857
June ...	6720	804	3552	...	11,076
July ...	13,560	1757	6305	60	21,682
Totals ...	70,480	8237	34,055	482	113,254
Previous Year's Work ...	71,890	2859	14,172	2956	91 877

INFECTIOUS DISEASES: PAIL SERVICE.

The following Table shows the number of Infectious Diseases Pails supplied and dealt with at cases of Enteric Fever and Dysentery where sewerage is not connected up or available:—

	Months		Pails
1909	August	...	10
	September	...	18
	October	...	0
	November	...	14
	December	...	17
1910	January	...	0
	February	...	7
	March	...	9
	April	...	5
	May	...	0
	June	...	0
	July	...	0
Total Pails ...			80
Previous Year's Work ...			309

LAUNDRY BYE-LAWS.

The liability of clothing, even when clean, to carry infection has a grave importance for a community such as Durban, where so much of the laundry work is done by a race of people whose personal habits and business methods leave so much to be desired.

The Indian dhoby, though a born laundry-man, is not noted for his devotion to the science of hygiene, and much uneasiness was felt among a large number of people who patronised them at the unsatisfactory conditions under which much of the work was done.

Though it might be difficult to prove actual cases where infection has been carried by clean clothing returned by such laundry-men, it was not an uncommon experience to get disgusting insects on such clothing. Such experiences and the fear of contracting infection in the same fashion led to frequent complaints, and appeals for protection from the Department. Unfortunately, the ordinary Sanitary Bye-Laws of the Borough were insufficient to protect the public.

Accordingly a set of "Bye-Laws relating to Laundries, Wash-houses, Cleaners' and Dyers' Establishments" was drafted and passed by the Town Council in the early part of this year. After they had been approved by the Administrator and gazetted a copy was given to every person in Durban conducting such businesses.

Several successful prosecutions under the Bye-Laws have given added publicity, and secured a marked improvement in the conditions under which such businesses are conducted.

With the measures of control and supervision now possible, and in actual operation, there need be little fear for the health of the community being affected from the laundries of the Borough.

OFFENSIVE TRADES' BYE-LAWS.

For some years past there have been in Durban several trades or businesses of the kind which are usually classed under the heading of "Offensive Trades." With the growth of the Borough as a commercial and manufacturing centre, such Offensive Trades are certain to increase in number. To prevent such Offensive Trades becoming a danger to the health and comfort of the Burgesses, it is necessary that such businesses should be conducted in specially constructed buildings in some cases, and all require adequate maintenance and management in order to control effectively the offensive vapours and gases generated in the conduct of such businesses. The ordinary Sanitary Bye-Laws of the Borough were recognised as being quite inadequate to control or deal with those businesses which are already in existence. Complaints from residents in the neighbourhood of such businesses have been long and loud, and the authors of the nuisance did not seem particularly anxious to improve the conditions. Accordingly it was decided during the year to adopt a set of Offensive Trades' Bye-Laws sufficient to control all businesses coming under this heading. In Durban with its sub-tropical climate it was recognised that it would be necessary to have more stringent Bye-Laws than are required say in Great Britain. The Town Council, however, considered that if the Offensive Trades' Bye-Laws such as exist in a well-governed city at Home were adopted and rigorously enforced there might be no need for more stringent Bye-Laws. The Offensive Trades' Bye-Laws in force in Edinburgh and Glasgow were taken as models on which to frame our Bye-Laws on the same subject, and in no instance have more extensive powers being taken than are presently in existence in those cities.

Before the Bye-Laws were submitted to the Council a meeting of the representatives of the trades to be affected was held to discuss the proposed Bye-Laws and afford an opportunity for submitting

objections to any of the clauses which they considered might unfairly affect them. In the end the Bye-Laws were passed by the Town Council, approved by His Honour the Administrator, and are now in force.

By the reasonable application of these Bye-Laws we hope to be able to maintain the reputation of Durban as an industrial centre, as well as being one of the cleanest and healthiest towns in the Southern Hemisphere.

STAFF.

The constitution of the Staff is as follows:—

Medical Officer of Health	...	...	P. Murison
Chief Inspector of Nuisances	...	...	W. C. Daugherty
Special Sanitary Inspector	...	...	R. Walker
			J. Kendall
			Thos. Hyslop
			W. Thomson
Assistant Inspector of Nuisances	...	...	J. Wood
			A. Kelso
			W. C. Dawber
			F. W. Holmes
			W. G. Smith
Typist	...	...	I. I. Daddy
Clerk	...	...	A. M. McIver
2nd Clerk	...	...	F. W. Burne
Superintendent, Disinfecting Station	...	...	E. Schultness
Assistant Disinfecter	...	...	C. Morning

P. MURISON, M.D., B.Sc., D.P.H.,
Medical Officer of Health.



